

**ANNUAL STATEMENT**

**OF THE**

**Wellmark Advantage Health Plan, Inc.**

**TO THE**

**Insurance Department**

**OF THE**

**STATE OF**

Iowa

FOR THE YEAR ENDED  
DECEMBER 31, 2022

HEALTH

**2022**



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2022  
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 [ X ]

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

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  
(Street and Number)  
Lansing, MI, US 48933 (City or Town, State, Country and Zip Code)  
517-708-5285 (Area Code) (Telephone Number)

Internet Website Address www.WellmarkAdvantageHealthPlan.com

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

### OFFICERS

President Briggs William Hamor # Treasurer Anthony George Phillips  
Secretary Bobbi Jo Elliott

### OTHER

### DIRECTORS OR TRUSTEES

Jason Richard Humphrey Kyle Christopher Lattina # Tricia Ann Keith  
Sean Joseph McTaggart Anthony George Phillips John Stephen Roberts #  
Pritpal Singh Virdee

State of Iowa SS  
County of Polk

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Briggs William Hamor #  
President

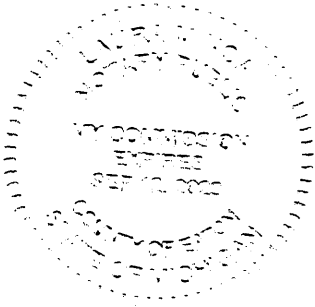
Anthony George Phillips  
Treasurer

Bobbi Jo Elliott  
Secretary

Subscribed and sworn to before me this 24<sup>th</sup> day of January 2023

Laura Noa, Notary

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	13,522,587		13,522,587	0
2. Stocks (Schedule D):				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....	722,159		722,159	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ encumbrances) .....			0	0
5. Cash (\$ ..... 23,344,977 , Schedule E - Part 1), cash equivalents (\$ ..... 984,449 , Schedule E - Part 2) and short-term investments (\$ ..... , Schedule DA) .....	24,329,426		24,329,426	38,746,278
6. Contract loans, (including \$ ..... premium notes) .....			0	0
7. Derivatives (Schedule DB) .....			0	0
8. Other invested assets (Schedule BA) .....			0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets (Schedule DL) .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	38,574,172	0	38,574,172	38,746,278
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 .....	1,520		1,520	0
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 (\$ .....802,793 ) and contracts subject to redetermination (\$ ..... ) .....	802,793		802,793	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....	4,890,323		4,890,323	0
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 .....	4,000,000	4,000,000	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 .....	1,243,220		1,243,220	0
24. Health care (\$ ..... 1,761,585 ) and other amounts receivable .....	1,761,585		1,761,585	0
25. Aggregate write-ins for other than invested assets .....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	51,273,613	4,000,000	47,273,613	38,746,278
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27)	51,273,613	4,000,000	47,273,613	38,746,278
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. ....				
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0	0

## LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$ .....0 reinsurance ceded) .....	6,075,776		6,075,776	0
2. Accrued medical incentive pool and bonus amounts .....			0	0
3. Unpaid claims adjustment expenses.....	260,062		260,062	0
4. Aggregate health policy reserves, including the liability of \$ .....0 for medical loss ratio rebate per the Public Health Service Act .....	21,478,543		21,478,543	7,789,962
5. Aggregate life policy reserves.....			0	0
6. Property/casualty unearned premium reserves.....			0	0
7. Aggregate health claim reserves.....			0	0
8. Premiums received in advance.....	40,696		40,696	11,958
9. General expenses due or accrued.....	3,938,118		3,938,118	0
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital 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.....			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current).....			0	0
15. Amounts due to parent, subsidiaries and affiliates.....	5,173,360		5,173,360	6,172,144
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, \$ .....0 unauthorized reinsurers and \$ .....0 certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans.....	198,295		198,295	0
23. Aggregate write-ins for other liabilities (including \$ ..... current).....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	37,164,850	0	37,164,850	13,974,064
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	66,089,000	46,100,000
29. Surplus notes.....	XXX	XXX	0	0
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	(56,480,237)	(21,827,786)
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	10,108,763	24,772,214
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	47,273,613	38,746,278
<b>DETAILS OF WRITE-INS</b>				
2301. ....				
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	0	0	0	0
2501. ....	XXX	XXX		
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	48,155	
2. Net premium income ( including \$ ..... non-health premium income) .....	XXX	37,901,563	
3. Change in unearned premium reserves and reserve for rate credits .....	XXX	0	
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX	0	
5. Risk revenue .....	XXX	0	
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	37,901,563	0
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		37,136,131	
10. Other professional services .....		0	
11. Outside referrals .....		0	
12. Emergency room and out-of-area .....		0	
13. Prescription drugs .....		1,447,927	
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....		0	
16. Subtotal (Lines 9 to 15) .....	0	38,584,058	0
<b>Less:</b>			
17. Net reinsurance recoveries .....		0	
18. Total hospital and medical (Lines 16 minus 17) .....	0	38,584,058	0
19. Non-health claims (net) .....			
20. Claims adjustment expenses, including \$ ..... 2,397,647 cost containment expenses ....		3,118,874	0
21. General administrative expenses .....		16,084,587	11,533,461
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only) .....		13,688,580	7,789,962
23. Total underwriting deductions (Lines 18 through 22).....	0	71,476,099	19,323,423
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(33,574,536)	(19,323,423)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....		171,888	(4,363)
26. Net realized capital gains (losses) less capital gains tax of \$ .....			
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	171,888	(4,363)
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 .....	1,234,622	1,234,622	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	(32,168,026)	(19,327,786)
31. Federal and foreign income taxes incurred .....	XXX		
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(32,168,026)	(19,327,786)
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX		
0602. ....	XXX		
0603. ....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	XXX	0	0
0701. ....	XXX		
0702. ....	XXX		
0703. ....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above) .....	XXX	0	0
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above) .....	0	0	0
2901. Other Income .....	1,234,622	1,234,622	
2902. ....			
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above) .....	1,234,622	1,234,622	0

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year	2 Prior Year
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year.....	24,772,214	0
34. Net income or (loss) from Line 32 .....	(32,168,026)	(19,327,786)
35. Change in valuation basis of aggregate policy and claim reserves .....		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	(984,425)	
37. Change in net unrealized foreign exchange capital gain or (loss) .....		
38. Change in net deferred income tax .....		
39. Change in nonadmitted assets .....	(1,500,000)	(2,500,000)
40. Change in unauthorized and certified reinsurance .....	0	0
41. Change in treasury stock .....	0	0
42. Change in surplus notes .....	0	0
43. Cumulative effect of changes in accounting principles.....		
44. Capital Changes:		
44.1 Paid in .....	0	500,000
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in .....	19,989,000	46,100,000
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	0
48. Net change in capital and surplus (Lines 34 to 47) .....	(14,663,451)	24,772,214
49. Capital and surplus end of reporting period (Line 33 plus 48)	10,108,763	24,772,214
<b>DETAILS OF WRITE-INS</b>		
4701. ....		
4702. ....		
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

**CASH FLOW**

	1	2
	Current Year	Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	37,125,988	11,958
2. Net investment income .....	171,888	(4,363)
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	37,297,876	7,595
5. Benefit and loss related payments .....	34,269,866	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7. Commissions, expenses paid and aggregate write-ins for deductions .....	18,462,687	11,533,461
8. Dividends paid to policyholders .....		
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	0	0
10. Total (Lines 5 through 9) .....	52,732,553	11,533,461
11. Net cash from operations (Line 4 minus Line 10) .....	(15,434,677)	(11,525,866)
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	0	0
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0
12.7 Miscellaneous proceeds .....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	0	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	14,481,233	0
13.2 Stocks .....	747,938	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	15,229,171	0
14. Net increase (decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	(15,229,171)	0
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	19,989,000	46,600,000
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	0	0
16.6 Other cash provided (applied) .....	(3,742,004)	3,672,144
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	16,246,996	50,272,144
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(14,416,852)	38,746,278
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	38,746,278	0
19.2 End of year (Line 18 plus Line 19.1) .....	24,329,426	38,746,278

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

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	37,901,563						37,901,563			
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	37,901,563	0	0	0	0	0	37,901,563	0	0	0
8. Hospital/medical benefits	37,136,131						37,136,131			XXX
9. Other professional services	0									XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	0									XXX
12. Prescription drugs	1,447,927						1,447,927			XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	0									XXX
15. Subtotal (Lines 8 to 14)	38,584,058	0	0	0	0	0	38,584,058	0	0	XXX
16. Net reinsurance recoveries	0									XXX
17. Total medical and hospital (Lines 15 minus 16)	38,584,058	0	0	0	0	0	38,584,058	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$ 2,397,647 cost containment expenses	3,118,874						3,118,874			
20. General administrative expenses	16,084,587						16,084,587			
21. Increase in reserves for accident and health contracts	13,688,580						13,688,580			XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	71,476,099	0	0	0	0	0	71,476,099	0	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	(33,574,536)	0	0	0	0	0	(33,574,536)	0	0	0
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1 - PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) individual .....				0
2. Comprehensive (hospital and medical) group .....				0
3. Medicare Supplement .....				0
4. Dental only .....				0
5. Vision only .....				0
6. Federal Employees Health Benefits Plan .....	0			0
7. Title XVIII - Medicare .....	37,901,563			37,901,563
8. Title XIX - Medicaid .....	0			0
9. Credit A&H .....				0
10. Disability Income .....				0
11. Long-Term Care .....				0
12. Other health .....				0
13. Health subtotal (Lines 1 through 12) .....	37,901,563	0	0	37,901,563
14. Life .....	0			0
15. Property/casualty .....	0			0
16. Totals (Lines 13 to 15)	37,901,563	0	0	37,901,563

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2 - CLAIMS INCURRED DURING THE YEAR**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Dental Only	6 Vision Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Payments during the year:														
1.1 Direct .....	34,269,867							34,269,867						
1.2 Reinsurance assumed .....	0													
1.3 Reinsurance ceded .....	0													
1.4 Net .....	34,269,867	0	0	0	0	0	0	34,269,867	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses .....	0													
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct .....	6,075,776	0	0	0	0	0	0	6,075,776	0	0	0	0	0	0
3.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net .....	6,075,776	0	0	0	0	0	0	6,075,776	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct .....	0													
4.2 Reinsurance assumed .....	0													
4.3 Reinsurance ceded .....	0													
4.4 Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year .....	0													
6. Net health care receivables (a) .....	1,761,585							1,761,585						
7. Amounts recoverable from reinsurers December 31, current year .....	0													
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct .....	0													
8.2 Reinsurance assumed .....	0													
8.3 Reinsurance ceded .....	0													
8.4 Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct .....	0													
9.2 Reinsurance assumed .....	0													
9.3 Reinsurance ceded .....	0													
9.4 Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year .....	0													
11. Amounts recoverable from reinsurers December 31, prior year .....	0													
12. Incurred Benefits:														
12.1 Direct .....	38,584,058	0	0	0	0	0	0	38,584,058	0	0	0	0	0	0
12.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.4 Net .....	38,584,058	0	0	0	0	0	0	38,584,058	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR**

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Dental Only	Vision 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
1. Reported in Process of Adjustment:														
1.1 Direct .....	1,144,807							1,144,807						
1.2 Reinsurance assumed .....	0													
1.3 Reinsurance ceded .....	0													
1.4 Net .....	1,144,807	0	0	0	0	0	0	1,144,807	0	0	0	0	0	0
2. Incurred but Unreported:														
2.1 Direct .....	4,930,969							4,930,969						
2.2 Reinsurance assumed .....	0													
2.3 Reinsurance ceded .....	0													
2.4 Net .....	4,930,969	0	0	0	0	0	0	4,930,969	0	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct .....	0													
3.2 Reinsurance assumed .....	0													
3.3 Reinsurance ceded .....	0													
3.4 Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. TOTALS:														
4.1 Direct .....	6,075,776	0	0	0	0	0	0	6,075,776	0	0	0	0	0	0
4.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net .....	6,075,776	0	0	0	0	0	0	6,075,776	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE**

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred In Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual .....					0	
2. Comprehensive (hospital and medical) group .....					0	
3. Medicare Supplement .....					0	0
4. Dental Only .....					0	0
5. Vision Only .....					0	0
6. Federal Employees Health Benefits Plan .....					0	0
7. Title XVIII - Medicare .....		34,269,867		6,075,776	0	0
8. Title XIX - Medicaid .....					0	0
9. Credit A&H .....					0	
10. Disability Income .....					0	
11. Long-Term Care .....					0	
12. Other health .....					0	0
13. Health subtotal (Lines 1 to 12) .....	0	34,269,867	0	6,075,776	0	0
14. Health care receivables (a) .....		1,761,585			0	0
15. Other non-health .....					0	0
16. Medical incentive pools and bonus amounts .....					0	0
17. Totals (Lines 13 - 14 + 15 + 16)	0	32,508,282	0	6,075,776	0	0

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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(\$000 Omitted)

**Section A - Paid Health Claims - Title XVIII**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2018	2 2019	3 2020	4 2021	5 2022
1. Prior .....	0	0	0	0	
2. 2018 .....					
3. 2019 .....	XXX				
4. 2020 .....	XXX	XXX			
5. 2021 .....	XXX	XXX	XXX		
6. 2022 .....	XXX	XXX	XXX	XXX	32,508

**Section B - Incurred Health Claims - Title XVIII**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2018	2 2019	3 2020	4 2021	5 2022
1. Prior .....	0	0	0	0	
2. 2018 .....					
3. 2019 .....	XXX				
4. 2020 .....	XXX	XXX			
5. 2021 .....	XXX	XXX	XXX		
6. 2022 .....	XXX	XXX	XXX	XXX	38,584

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2018 .....				0.0	0	0.0			0	0.0
2. 2019 .....				0.0	0	0.0			0	0.0
3. 2020 .....				0.0	0	0.0			0	0.0
4. 2021 .....				0.0	0	0.0			0	0.0
5. 2022 .....	37,902	32,508	2,859	8.8	35,367	93.3	6,076	260	41,703	110.0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(\$000 Omitted)

**Section A - Paid Health Claims - Grand Total**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2018	2 2019	3 2020	4 2021	5 2022
1. Prior .....	0	0	0	0	0
2. 2018 .....	0	0	0	0	0
3. 2019 .....	XXX	0	0	0	0
4. 2020 .....	XXX	XXX	0	0	0
5. 2021 .....	XXX	XXX	XXX	0	0
6. 2022 .....	XXX	XXX	XXX	XXX	32,508

**Section B - Incurred Health Claims - Grand Total**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2018	2 2019	3 2020	4 2021	5 2022
1. Prior .....	0	0	0	0	0
2. 2018 .....	0	0	0	0	0
3. 2019 .....	XXX	0	0	0	0
4. 2020 .....	XXX	XXX	0	0	0
5. 2021 .....	XXX	XXX	XXX	0	0
6. 2022 .....	XXX	XXX	XXX	XXX	38,584

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2018 .....	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2019 .....	0	0	0	0.0	0	0.0	0	0	0	0.0
3. 2020 .....	0	0	0	0.0	0	0.0	0	0	0	0.0
4. 2021 .....	0	0	0	0.0	0	0.0	0	0	0	0.0
5. 2022 .....	37,902	32,508	2,859	8.8	35,367	93.3	6,076	260	41,703	110.0

12.GT

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Dental Only	6 Vision Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
1. Unearned premium reserves .....	0												
2. Additional policy reserves (a) .....	21,478,543							21,478,543					
3. Reserve for future contingent benefits .....	0												
4. Reserve for rate credits or experience rating refunds (including \$ ..... for investment income) ..	0												
5. Aggregate write-ins for other policy reserves .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Totals (gross) .....	21,478,543	0	0	0	0	0	0	21,478,543	0	0	0	0	0
7. Reinsurance ceded .....	0												
8. Totals (Net)(Page 3, Line 4) .....	21,478,543	0	0	0	0	0	0	21,478,543	0	0	0	0	0
9. Present value of amounts not yet due on claims .....	0												
10. Reserve for future contingent benefits .....	0												
11. Aggregate write-ins for other claim reserves .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals (gross) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded .....	0												
14. Totals (Net)(Page 3, Line 7) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS													
0501. ....													
0502. ....													
0503. ....													
0598. Summary of remaining write-ins for Line 5 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0
1101. ....													
1102. ....													
1103. ....													
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$ .....21,478,543 premium deficiency reserve.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ ..... for occupancy of own building) .....			123,908		123,908
2. Salary, wages and other benefits .....	1,130,489	432,736	4,496,530		6,059,755
3. Commissions (less \$ ..... ceded plus \$ ..... assumed) .....			2,069,746		2,069,746
4. Legal fees and expenses .....			88,175		88,175
5. Certifications and accreditation fees .....					0
6. Auditing, actuarial and other consulting services ...	133,170		492,563		625,733
7. Traveling expenses .....			58,322		58,322
8. Marketing and advertising .....			3,047,860		3,047,860
9. Postage, express and telephone .....			87,861		87,861
10. Printing and office supplies .....			1,424,400		1,424,400
11. Occupancy, depreciation and amortization .....					0
12. Equipment .....			58,603		58,603
13. Cost or depreciation of EDP equipment and software .....			1,174,563		1,174,563
14. Outsourced services including EDP, claims, and other services .....	753,660	288,491	1,430,957		2,473,108
15. Boards, bureaus and association fees .....					0
16. Insurance, except on real estate .....					0
17. Collection and bank service charges .....				45,809	45,809
18. Group service and administration fees .....					0
19. Reimbursements by uninsured plans .....					0
20. Reimbursements from fiscal intermediaries .....					0
21. Real estate expenses .....					0
22. Real estate taxes .....					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....					0
23.2 State premium taxes .....					0
23.3 Regulatory authority licenses and fees .....					0
23.4 Payroll taxes .....			29,523		29,523
23.5 Other (excluding federal income and real estate taxes) .....					0
24. Investment expenses not included elsewhere .....					0
25. Aggregate write-ins for expenses .....	380,328	0	1,501,576	0	1,881,904
26. Total expenses incurred (Lines 1 to 25) .....	2,397,647	721,227	16,084,587	45,809	(a) 19,249,270
27. Less expenses unpaid December 31, current year .....	199,924	60,138	3,938,118		4,198,180
28. Add expenses unpaid December 31, prior year .....					0
29. Amounts receivable relating to uninsured plans, prior year .....					0
30. Amounts receivable relating to uninsured plans, current year .....					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	2,197,723	661,089	12,146,469	45,809	15,051,090
<b>DETAILS OF WRITE-INS</b>					
2501. Miscellaneous expenses .....	380,328		1,501,576		1,881,904
2502. ....					
2503. ....					
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	380,328	0	1,501,576	0	1,881,904

(a) Includes management fees of \$ 19,249,270 to affiliates and \$ ..... to non-affiliates.

**EXHIBIT OF NET INVESTMENT INCOME**

	1	2
	Collected During Year	Earned During Year
1. U.S. government bonds	(a) 0	0
1.1 Bonds exempt from U.S. tax	(a) 0	0
1.2 Other bonds (unaffiliated)	(a) 197,889	197,889
1.3 Bonds of affiliates	(a) 0	0
2.1 Preferred stocks (unaffiliated)	(b) 0	0
2.11 Preferred stocks of affiliates	(b) 0	0
2.2 Common stocks (unaffiliated)	5,755	5,755
2.21 Common stocks of affiliates	0	0
3. Mortgage loans	(c) 0	0
4. Real estate	(d) 0	0
5. Contract Loans	0	0
6. Cash, cash equivalents and short-term investments	(e) 14,053	14,053
7. Derivative instruments	(f) 0	0
8. Other invested assets	0	0
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	217,697	217,697
11. Investment expenses		(g) 45,809
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13. Interest expense		(h) 0
14. Depreciation on real estate and other invested assets		(i) 0
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		45,809
17. Net investment income (Line 10 minus Line 16)		171,888
<b>DETAILS OF WRITE-INS</b>		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.
- (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.
- (e) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.
- (g) Includes \$ 45,808 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.
- (i) Includes \$ 0 depreciation on real estate and \$ 0 depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	0	0	0	0	0
1.1 Bonds exempt from U.S. tax	0	0	0	0	0
1.2 Other bonds (unaffiliated)	0	0	0	(958,646)	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	(25,779)	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	0	0	0	0	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	0	0	0	(984,425)	0
<b>DETAILS OF WRITE-INS</b>					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

**EXHIBIT OF NON-ADMITTED ASSETS**

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....			0
2.2 Common stocks .....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale .....			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) .....			0
6. Contract loans .....			0
7. Derivatives (Schedule DB) .....			0
8. Other invested assets (Schedule BA) .....			0
9. Receivables for securities .....			0
10. Securities lending reinvested collateral assets (Schedule DL) .....			0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	0	0	0
13. Title plants (for Title insurers only) .....			0
14. Investment income due and accrued .....			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....			0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due ..			0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....			0
16.2 Funds held by or deposited with reinsured companies .....			0
16.3 Other amounts receivable under reinsurance contracts .....			0
17. Amounts receivable relating to uninsured plans .....			0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0
18.2 Net deferred tax asset .....			0
19. Guaranty funds receivable or on deposit .....			0
20. Electronic data processing equipment and software .....	4,000,000	2,500,000	(1,500,000)
21. Furniture and equipment, including health care delivery assets .....			0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0
23. Receivable from parent, subsidiaries and affiliates .....			0
24. Health care and other amounts receivable .....			0
25. Aggregate write-ins for other than invested assets .....	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	4,000,000	2,500,000	(1,500,000)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0
28. Total (Lines 26 and 27)	4,000,000	2,500,000	(1,500,000)
<b>DETAILS OF WRITE-INS</b>			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501. ....			
2502. ....			
2503. ....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0

**EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations .....		351	375	412	436	4,612
2. Provider Service Organizations .....						
3. Preferred Provider Organizations .....		3,224	3,546	3,920	4,305	43,543
4. Point of Service .....						
5. Indemnity Only .....						
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	0	3,575	3,921	4,332	4,741	48,155
<b>DETAILS OF WRITE-INS</b>						
0601. ....						
0602. ....						
0603. ....						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

**EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....	1,442	78				1,520
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed						
0299999. Total group	0	0	0	0	0	0
0399999. Premiums due and unpaid from Medicare entities						
0499999. Premiums due and unpaid from Medicaid entities						
.....						
.....						
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.....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	1,442	78	0	0	0	1,520

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

**EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	793,067	667,118				1,460,185
0199999. Total Pharmaceutical Rebate Receivables	793,067	667,118	0	0	0	1,460,185
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	301,400					301,400
0299999. Total Claim Overpayment Receivables	301,400	0	0	0	0	301,400
0399998. Aggregate Loans and Advances to Providers Not Individually Listed						
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed						
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Health Care Receivables Not Individually Listed						
0699999. Total Other Health Care Receivables	0	0	0	0	0	0
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
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.....	.....	.....	.....	.....	.....	.....
0799999 Gross health care receivables	1,094,467	667,118	0	0	0	1,761,585

**EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED**

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables .....		1,616,475		1,460,185	0	0
2. Claim overpayment receivables .....				301,400	0	0
3. Loans and advances to providers .....					0	0
4. Capitation arrangement receivables .....					0	0
5. Risk sharing receivables .....					0	0
6. Other health care receivables.....					0	0
7. Totals (Lines 1 through 6)	0	1,616,475	0	1,761,585	0	0

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.





**EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Emergent, Inc. ....	Administrative and Management Services .....	773,449	773,449	
Advantasure, Inc. ....	Administrative and Management Services .....	2,084,689	2,084,689	
Wellmark, Inc. ....	Administrative and Management Services .....	2,315,222	2,315,222	
0199999. Individually listed payables		5,173,360	5,173,360	0
0299999. Payables not individually listed		0		
0399999 Total gross payables		5,173,360	5,173,360	0

**EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....	0	0.0		0.0		
2. Intermediaries .....	0	0.0		0.0		
3. All other providers .....	0	0.0		0.0		
4. Total capitation payments .....	0	0.0	0	0.0	0	0
<b>Other Payments:</b>						
5. Fee-for-service .....	0	0.0	XXX	XXX		
6. Contractual fee payments .....	32,508,282	100.0	XXX	XXX		32,508,282
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	0	0.0	XXX	XXX		
9. Non-contingent salaries .....	0	0.0	XXX	XXX		
10. Aggregate cost arrangements .....	0	0.0	XXX	XXX		
11. All other payments .....	0	0.0	XXX	XXX		
12. Total other payments .....	32,508,282	100.0	XXX	XXX	0	32,508,282
13. TOTAL (Line 4 plus Line 12)	32,508,282	100%	XXX	XXX	0	32,508,282

**EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
<b>NONE</b>					
9999999 Totals			XXX	XXX	XXX

Exhibit 8 - Furniture and Equipment Owned

**N O N E**

## 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 December 31, 2022 and December 31, 2021, 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 #	F/S Page	F/S Line #	2022	2021
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ (32,168,026)	\$ (19,327,786)
(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	\$ (32,168,026)	\$ (19,327,786)
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 10,108,763	\$ 24,772,214
(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	\$ 10,108,763	\$ 24,772,214

#### 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

Revenues – Premiums, which generally are billed in advance, are recognized as revenue during the respective periods of coverage. Premiums applicable to the unexpired portion of coverage are reflected in the accompanying statutory-basis statements of Admitted Assets, Liabilities, Capital and Surplus as Aggregate health policy reserves. Premiums received in advance of the billing due date are recorded as premiums received in advance.

(1) Cash Equivalents and Short-term investments - include commercial paper, certificates of deposits, money market mutual funds and other readily marketable investments with initial maturities less than one year for short-term investments and three months or less for cash equivalents. In general, cash equivalents and short-term investments are recorded at amortized cost, which approximates market value. Money market mutual funds are recorded at fair value or net asset value (NAV) per share.

(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.

(3) Common stocks - stated at fair value. Changes in unrealized appreciation and depreciation in the value of common stocks are reflected as direct increases or decreases in surplus.

(4) Preferred stocks - NOT APPLICABLE

(5) Mortgage loans on real estate - NOT APPLICABLE

(6) Loan-backed securities - NOT APPLICABLE

(7) Investments in subsidiaries, controlled and affiliated entities - NOT APPLICABLE

(8) Investments in joint ventures, partnerships and limited liability companies - NOT APPLICABLE

(9) Derivatives - NOT APPLICABLE

(10) Investment income in premium deficiency calculation - WMA did not use anticipated investment income as part of the premium deficiency actuarial estimate calculation.

(11) Claims unpaid - The claims unpaid liability for incurred but unpaid and unreported claims is accrued in the period during which the services are provided and includes actuarial estimates of services performed that have incurred but not reported to WMA by providers. Such estimates are based on historical claims experience modified for current trends and changes in benefits provided. Revisions in actuarial estimates are reported in the period in which they arise. Processing expense related to unpaid claims is accrued based on an estimate of cost to process such claims.

(12) Fixed asset capitalization - WMA had no change in its fixed asset capitalization policy from the prior period.

## NOTES TO FINANCIAL STATEMENTS

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(13) Pharmaceutical rebate receivables - WMA receives pharmaceutical rebates from third-party pharmacy benefit managers. Rebate accruals are calculated using recent history of rebates received to develop an estimate.

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**

A. Mortgage Loans, including Mezzanine Real Estate Loans

Not applicable

B. Debt Restructuring

Not applicable

C. Reverse Mortgages

Not applicable

D. Loan-Backed Securities

Not applicable

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

Not applicable

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not applicable

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not applicable

H. Repurchase Agreements Transactions Accounted for as a Sale

Not applicable

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

Not applicable

J. Real Estate

Not applicable

K. Low Income Housing tax Credits (LIHTC)

Not applicable

L. Restricted Assets

Not applicable

M. Working Capital Finance Investments

Not applicable

N. Offsetting and Netting of Assets and Liabilities

Not applicable

O. 5GI Securities

Not applicable

P. Short Sales

Not applicable

Q. Prepayment Penalty and Acceleration Fees

Not applicable

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

Not applicable

**NOTES TO FINANCIAL STATEMENTS**

**NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies**

NOT APPLICABLE

**NOTE 7 Investment Income**

A. WMA non-admits investment income due and accrued if the amounts are over 90 days past due.

B. WMA admitted all accrued investment income as of December 31, 2022. As of December 31, 2021, accrued investment income was not applicable.

**NOTE 8 Derivative Instruments**

NOT APPLICABLE

**NOTE 9 Income Taxes**

The income tax provision is calculated under the liability method. Deferred tax assets and liabilities are recorded based on the difference between the statutory financial statement and tax bases of assets and liabilities at the enacted rates. The net change in deferred tax assets and liabilities is applied directly to unassigned deficit. The nonadmitted portion of a net deferred tax asset is determined by applying the rules prescribed by Statement of Statutory Accounting Principles (SSAP) No. 101, Income Taxes.

A. Deferred Tax Assets/(Liabilities)

1. Components of Net Deferred Tax Asset/(Liability) at December 31 are as follows:

	As of End of Current Period			12/31/2021			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
(a) Gross Deferred Tax Assets	\$12,494,036	\$ 206,729	\$12,700,765	\$ 4,583,835		\$ 4,583,835	\$ 7,910,201	\$ 206,729	\$ 8,116,930
(b) Statutory Valuation Allowance Adjustment	\$11,654,036	\$ 206,729	\$11,860,765	\$ 4,583,835		\$ 4,583,835	\$ 7,070,201	\$ 206,729	\$ 7,276,930
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 840,000	\$ -	\$ 840,000	\$ -	\$ -	\$ -	\$ 840,000	\$ -	\$ 840,000
(d) Deferred Tax Assets Nonadmitted			\$ -			\$ -	\$ -	\$ -	\$ -
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ 840,000	\$ -	\$ 840,000	\$ -	\$ -	\$ -	\$ 840,000	\$ -	\$ 840,000
(f) Deferred Tax Liabilities	\$ 840,000		\$ 840,000			\$ -	\$ 840,000	\$ -	\$ 840,000
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

2. Admission Calculation Components SSAP No. 101

	As of End of Current Period			12/31/2021			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks			\$ -			\$ -	\$ -	\$ -	\$ -
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)			\$ -			\$ -	\$ -	\$ -	\$ -
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.			\$ -			\$ -	\$ -	\$ -	\$ -
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX		XXX	XXX		XXX	XXX	\$ -
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ 840,000		\$ 840,000			\$ -	\$ 840,000	\$ -	\$ 840,000
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 840,000	\$ -	\$ 840,000	\$ -	\$ -	\$ -	\$ 840,000	\$ -	\$ 840,000

Under the Federal Internal Revenue Code, ordinary losses can be carried back two years and capital losses can be carried back three years for nonlife companies.

3. Other Admissibility Criteria

	2022	2021
a. Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	15.000%	15.000%
b. Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ -	

4. Impact of Tax Planning Strategies

(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage

	As of End of Current Period		12/31/2021		Change	
	(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col. 1 - 3) Ordinary	(6) (Col. 2 - 4) Capital
1. Adjusted Gross DTAs amount from Note 9A1 (c)	\$ 840,000	\$ -	\$ -	\$ -	\$ 840,000	\$ -
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.000%	0.000%			0.000%	0.000%

**NOTES TO FINANCIAL STATEMENTS**

3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ 840,000	\$ -	\$ -	\$ -	\$ 840,000	\$ -
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.000%	0.000%			0.000%	0.000%

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

B. Unrecognized Deferred Tax Liabilities

NOT APPLICABLE - In 2022, there are no temporary differences for which a deferred tax liability has not been established.

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

	(1) As of End of Current Period	(2) 12/31/2021	(3) (Col. 1 - 2) Change
1. Current Income Tax			
(a) Federal			\$ -
(b) Foreign			\$ -
(c) Subtotal (1a+1b)	\$ -	\$ -	\$ -
(d) Federal income tax on net capital gains			\$ -
(e) Utilization of capital loss carry-forwards			\$ -
(f) Other			\$ -
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	\$ -	\$ -	\$ -
2. Deferred Tax Assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses	\$ 17,528		\$ 17,528
(2) Unearned premium reserve	\$ 1,709	\$ 502	\$ 1,207
(3) Policyholder reserves	\$ 4,510,494	\$ 1,635,892	\$ 2,874,602
(4) Investments			\$ -
(5) Deferred acquisition costs			\$ -
(6) Policyholder dividends accrual			\$ -
(7) Fixed assets	\$ 840,000	\$ 525,000	\$ 315,000
(8) Compensation and benefits accrual			\$ -
(9) Pension accrual			\$ -
(10) Receivables - nonadmitted			\$ -
(11) Net operating loss carry-forward	\$ 7,124,027	\$ 2,422,441	\$ 4,701,586
(12) Tax credit carry-forward			\$ -
(13) Other	\$ 278		\$ 278
(99) Subtotal (sum of 2a1 through 2a13)	\$ 12,494,036	\$ 4,583,835	\$ 7,910,201
(b) Statutory valuation allowance adjustment	\$ 11,654,036	\$ 4,583,835	\$ 7,070,201
(c) Nonadmitted			\$ -
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 840,000	\$ -	\$ 840,000
(e) Capital:			
(1) Investments	\$ 206,729		\$ 206,729
(2) Net capital loss carry-forward			\$ -
(3) Real estate			\$ -
(4) Other			\$ -
(99) Subtotal (2e1+2e2+2e3+2e4)	\$ 206,729	\$ -	\$ 206,729
(f) Statutory valuation allowance adjustment	\$ 206,729		\$ 206,729
(g) Nonadmitted			\$ -
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$ -	\$ -	\$ -
(i) Admitted deferred tax assets (2d + 2h)	\$ 840,000	\$ -	\$ 840,000
3. Deferred Tax Liabilities:			
(a) Ordinary:			
(1) Investments			\$ -
(2) Fixed assets	\$ 840,000		\$ 840,000
(3) Deferred and uncollected premium			\$ -
(4) Policyholder reserves			\$ -
(5) Other			\$ -
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	\$ 840,000	\$ -	\$ 840,000
(b) Capital:			
(1) Investments			\$ -
(2) Real estate			\$ -
(3) Other			\$ -
(99) Subtotal (3b1+3b2+3b3)	\$ -	\$ -	\$ -
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 840,000	\$ -	\$ 840,000
4. Net deferred tax assets/liabilities (2i - 3c)	\$ -	\$ -	\$ -

The change in net deferred income taxes is reflected in C(2) through C(4) above. This analysis is exclusive of non-admitted assets as the change in non-admitted assets is reported separately from the change in net deferred income taxes in the surplus section of the Annual Statement.

D. Significant Book to Tax Adjustments - On August 16, 2022, the U.S. enacted the Inflation Reduction Act of 2022, which, among other things, implemented a 15% minimum tax on book income of certain large corporations, a 1% excise tax on net stock repurchases and several tax incentives to promote clean energy. Based on our current analysis of the provisions, we do not believe this legislation will have a material impact on our financial statements.

E. Operating Loss Carry-Forwards and Income Taxes Available for Recoupment

- As of December 31, 2022, WMA has unused operating loss carry-forwards of \$33,923,937
- WMA did not have any protective tax deposits under Section 6603 of the Internal Revenue Code as of December 31, 2022.

F. Consolidated tax filing

WMA files a separate company federal income tax return and did not participate in a tax sharing allocation agreement in 2022.

G. Loss contingencies

## NOTES TO FINANCIAL STATEMENTS

Under SSAP No. 5R, WMA is required to evaluate all tax positions as to their relative uncertainty and certainty. WMA recognizes accrued interest and penalties related to uncertain income tax positions in federal income tax expense. For periods ended December 31, 2022, and 2021, \$0 and \$0, respectively, were accrued for interest and penalties with the cumulative accrued balance totaling \$0 and \$0 as of December 31, 2022 and 2021, respectively. WMA does not expect a significant change in uncertain tax positions within the next 12 months.

H. Repatriation Transition Tax (RTT)

NOT APPLICABLE

I. Alternative Minimum Tax (AMT) Credit

NOT APPLICABLE

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

A. WMA is a wholly owned subsidiary of Wellmark Advantage Holdings, LLC (WAH), which in turn is 51% owned subsidiary of Emergent, Inc. (EI) formerly Covantage Health Partners (CHP), a wholly owned subsidiary of Emergent Holdings, Inc. (EHI). EHI is a wholly owned subsidiary of Blue Cross Blue Shield of Michigan Mutual Insurance Company (BCBSM). WAH is also a 49% owned subsidiary of Wellmark, Inc (WM).

On a routine basis, WMA conducts business transactions with its affiliates EI, WM, and Advantasure, Inc. (Advantasure), a wholly owned subsidiary of EHI.

B. Transactions with affiliates include various management, administrative and professional services. Administrative support fees incurred will be allocated to the statutory administrative expense categories of cost containment, other claims adjustment, general administrative and investment expenses.

For the year ended December 31, 2022 and 2021 \$13,816,361 and \$11,110,358, respectively, was billed from affiliates for the operating expenses detailed above. These transactions related to activities with WM, Advantasure and EI.

For the year ended December 31, 2022 there were no billings to affiliates for the operating activities detailed above.

Capital Contributions - WMA received capital contributions of \$19,989,000 and \$46,100,000 for the years ended December 31, 2022 and 2021, respectively.

C. Transactions with related parties who are not on Schedule Y

NOT APPLICABLE

D. All related-party receivable and payable balances are classified as either amounts due to or receivables from parent, subsidiaries, and affiliates.

As of December 31, 2022 and 2021, WMA had \$1,243,220 and \$0, respectively, due from related parties. The majority of these balances were related to WAH.

As of December 31, 2022 and 2021, WMA had \$5,173,360 and \$6,172,144, respectively, due to related parties. The majority of 2022 balances were related to WM and Advantasure. The majority of 2021 balances were related to WM.

E. WMA and EI have entered into an administrative services agreement. Under the agreement, WMA will be charged a fee for the services provided.

WMA and Advantasure have entered into an agreement to provide software as a service (SaaS). WMA capitalized software implementation costs provided by Advantasure of \$5,000,000 and \$2,500,000 as of December 31, 2022 and 2021, respectively. Amortization was \$1,000,000 and \$0 for the years ended December 31, 2022 and 2021, respectively. Under NAIC SAP, nonoperating system software costs are nonadmitted assets.

F. Affiliate Guarantees

NOT APPLICABLE

G. All outstanding shares of WMA are owned by WAH.

H. Ownership in upstream affiliate or parent

NOT APPLICABLE

I. Investment in SCA

NOT APPLICABLE

J. Investment Impaired

NOT APPLICABLE

K. Investment in foreign insurance subsidiary

NOT APPLICABLE

L. Investment in downstream noninsurance holding company

NOT APPLICABLE

M. All SCA Investments

NOT APPLICABLE

N. Investment in Insurance SCAs

NOT APPLICABLE

O. SCA or SSAP 48 Entity Loss Tracking

NOT APPLICABLE

**NOTE 11 Debt**

NOT APPLICABLE

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

A. Defined Benefit Plan

NOT APPLICABLE

## NOTES TO FINANCIAL STATEMENTS

## B. Plan Asset Investment Policies and Procedures

NOT APPLICABLE

## C. The fair value of each class of plan assets

NOT APPLICABLE

## D. Bases of Rate-of-Return-on-Assets Assumption

NOT APPLICABLE

## E. Defined Contribution Plan

NOT APPLICABLE

## F. Multiemployer Plans

NOT APPLICABLE

## G. Consolidated/Holding Company Plans

BCBSM has the responsibility for administering and funding the pension and other postretirement benefits for WMA, including qualified and non-qualified noncontributory defined benefit pension plans, and qualified defined contribution and deferred compensation plans. WMA has no legal obligation for benefits under these plans. BCBSM allocates expenses through EI, to WMA based on allocations supporting other employment and overhead costs. WMA's share of net expense for qualified and non-qualified pension plans, postretirement benefit plans and qualified defined contribution plan was:

	2022
Qualified and non-qualified pension plans	\$1,607
Postretirement benefit plans	252
Qualified defined contribution plans	18,750

The above expenses and amounts due to EI related to the retirement expenses, as of December 31, 2022, are included in the amounts disclosed in Note 10. There were no amounts due to EI related to retirement expenses as of December 31, 2021.

## H. Postemployment Benefits and Compensated Absences

NOT APPLICABLE

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

NOT APPLICABLE

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

A. WMA authorized 500,000 shares of \$1 per share par common stock of which 500,000 shares are issued and outstanding.

B. Preferred stock

NOT APPLICABLE

C. Dividend restrictions

Dividends on common stock will be paid as declared by the Board of Directors of the Company. Without prior approval of IID commissioner, dividends to shareholders are limited to the greater of ten percent of surplus as of December 31 of the prior year or net income for the twelve-month period ending December 31 of the prior year.

D. Dividends paid

NOT APPLICABLE

E. Stockholder's portion of ordinary dividends

NOT APPLICABLE

F. Restrictions placed on unassigned funds (surplus)

NOT APPLICABLE

G. The total amount of advances to surplus not repaid

NOT APPLICABLE

H. The amount of stock held by WMA for special purposes

NOT APPLICABLE

I. Special surplus fund changes

NOT APPLICABLE

J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$(984,425).

K. Surplus Notes

NOT APPLICABLE

M. Effective date(s) of all quasi-reorganizations in the prior 10 years is/are

## NOTES TO FINANCIAL STATEMENTS

NOT APPLICABLE

**NOTE 14 Liabilities, Contingencies and Assessments**

A. Contingent Commitments

NOT APPLICABLE

B. Assessments

NOT APPLICABLE

C. Gain Contingencies

NOT APPLICABLE

D. Claims related extra contractual obligations and bad faith losses stemming from lawsuits

NOT APPLICABLE

E. Joint and Several Liabilities

NOT APPLICABLE

F. All Other Contingencies

After consultation with legal counsel, there are no contingent liabilities required to be recorded or disclosed for WMA.

**NOTE 15 Leases**

NOT APPLICABLE

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

NOT APPLICABLE

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

NOT APPLICABLE

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

A. ASO Plans:

NOT APPLICABLE

B. ASC Plans:

NOT APPLICABLE

C. Medicare or Similarly Structured Cost Based Reimbursement Contract

(1) Medicare Part D cost-based reimbursements for 2022, consisted of \$1,556,803 for coverage gap discount; \$413,123 for low-income subsidy (cost sharing portion); and \$1,895,483 for reinsurance premiums.

(2) As of December 31, 2022 WMA had recorded receivables of \$889,162 from the Centers for Medicare & Medicaid Services (CMS) whose account balances were greater than 10% of WMA's amounts receivable from uninsured accident and health plans or \$10,000.

(3) In connection with the Medicare Part D cost-based reimbursement portion of the contract, WMA has recorded no allowances and reserves for adjustment of recorded reimbursement advances as of December 31, 2022.

(4) Adjustments to revenue resulting from an audit of receivables related to revenues recorded in the prior period.

NOT APPLICABLE

**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.

## NOTES TO FINANCIAL STATEMENTS

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.

All Other Money Market Mutual Funds—Consist of money market funds that are not specifically named on the SVO maintained list of money market funds that are eligible for classification as Exempt Money Market Funds. These securities are classified as Level 1.

(1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
<b>a. Assets at fair value</b>					
Bonds					\$ -
Bonds - Exchange Traded Funds - As identified by SVO	\$ 13,522,587				\$ 13,522,587
Common Stock					\$ -
Common Stock - Industrial & Misc (Unaffiliated)	\$ 722,159				\$ 722,159
Cash Equivalents					\$ -
All Other Money Market Mutual Funds	\$ 984,449				\$ 984,449
<b>Total assets at fair value/NAV</b>	<b>\$ 15,229,195</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 15,229,195</b>

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

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

NOT APPLICABLE

(3) Transactions 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	\$ 13,522,587	\$ 13,522,587	\$ 13,522,587				
Common Stock - Industrial & Misc (Unaffiliated)	\$ 722,159	\$ 722,159	\$ 722,159				
All Other Money Market Mutual Funds	\$ 984,449	\$ 984,449	\$ 984,449				

D. Not Practicable to Estimate Fair Value

NOT APPLICABLE

E. Investments using the NAV Practical Expedient

NOT APPLICABLE

**NOTE 21 Other Items**

NOT APPLICABLE

**NOTE 22 Events Subsequent**

Management has evaluated all events subsequent to the Annual Statement date of December 31, 2022, through March 1, 2023, for the Annual Statement submitted on March 1, 2023.

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.

**NOTES TO FINANCIAL STATEMENTS**

**NOTE 23 Reinsurance**

NOT APPLICABLE

**NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination**

A. WMA estimates accrued retrospective premium adjustments for its Medicare Advantage health insurance contracts based on an analysis of Part C member health risk score adjustments-submitted to CMS and the Part D risk corridor reconciliation related to the funds received from CMS or the beneficiary.

To the extent that WMA is subject to potential medical loss ratio (MLR) rebates, any return premium adjustment would be based on the formulas required by law.

B. Accrued redetermination premium adjustments and return premium adjustments, as well as retrospective premiums, are recorded as adjustments to earned premium revenue.

C. The amount of net premiums written by WMA that were subject to redetermination or retrospective provisions (including premiums subject to MLR rebates) was approximately \$37,901,563 for 2022, representing approximately 100% of the total net health premiums written for 2022. No other premiums written by WMA were subject to redetermination or retrospective provisions. WMA had no net health premiums written for 2021.

D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

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

E. Risk Sharing Provisions of the 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. Changes in Incurred Claims and Claim Adjustment Expenses attributable to insured events of prior years is NOT APPLICABLE. 2022 is the first year the company has insured claim and claim adjustment expenses, therefore there is no disclosure related to the restatement of prior year incurred claims and claims adjustment expenses.

B. Changes in significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses related to prior year is NOT APPLICABLE. 2022 is the first year the company has unpaid claim and loss adjustment expense liabilities and therefore there is no change in methodologies and assumption used in calculating the liabilities.

**NOTE 26 Intercompany Pooling Arrangements**

NOT APPLICABLE

**NOTE 27 Structured Settlements**

NOT APPLICABLE

**NOTE 28 Health Care Receivables**

Health care receivables include pharmacy rebates WMA receives from third-party vendors. WMA estimates pharmacy rebates from historical data received from their pharmacy benefit manager. Activity for the current year is summarized as follows:

A. Pharmaceutical Rebate Receivables

Date	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2022	\$ 793,067	\$ 793,067	\$ -	\$ -	\$ -
09/30/2022	\$ 709,721	\$ 766,563	\$ -	\$ -	\$ -
06/30/2022	\$ 707,403	\$ 772,453	\$ 819,223	\$ -	\$ -
03/31/2022	\$ 873,650	\$ 744,577	\$ -	\$ 797,252	\$ -

B. Risk-Sharing Receivables

NOT APPLICABLE

**NOTE 29 Participating Policies**

NOT APPLICABLE

## NOTES TO FINANCIAL STATEMENTS

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### 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	\$ 21,478,543
2. Date of the most recent evaluation of this liability	12/31/2022
3. Was anticipated investment income utilized in the calculation?	Yes [ ] No [X]

### NOTE 31 Anticipated Salvage and Subrogation

WMA did not reduce its liability for unpaid claims/losses by any estimated anticipated salvage and subrogation at December 31, 2022 as WMA records salvage and subrogation on a paid basis when cash is received. The activity impact to the liability is not applicable at December 31, 2021.

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [ X ] No [ ]  
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? ..... Yes [ X ] No [ ] N/A [ ]
- 1.3 State Regulating? ..... Iowa
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [ ] No [ X ]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. ....
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [ X ]
- 2.2 If yes, date of change: .....
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2021
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ....
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ....
- 3.4 By what department or departments?  
Wellmark, Inc., an ultimate parent entity of Wellmark Advantage Health Plan, Inc., is currently undergoing examination for the period ended 12/31/21 by the Iowa Insurance Division and South Dakota Division of Insurance. ....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] N/A [ X ]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ ] No [ ] N/A [ X ]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business? ..... Yes [ ] No [ X ]  
4.12 renewals? ..... Yes [ ] No [ X ]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business? ..... Yes [ ] No [ X ]  
4.22 renewals? ..... Yes [ ] No [ X ]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [ X ]  
If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

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

1 Nationality	2 Type of Entity
.....	.....

## GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]
- 8.2 If the response to 8.1 is yes, please identify the name of the DIHC.  
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ 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

- 8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? ..... Yes [ ] No [ X ]
- 8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? ..... Yes [ ] No [ X ] N/A [ ]
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
Deloitte & Touche LLP  
1001 Woodward Suite 700  
Detroit, Michigan 48226 .....
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? ..... Yes [ ] No [ X ]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:  
.....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? ..... Yes [ ] No [ X ]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:  
.....
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? ..... Yes [ X ] No [ ] N/A [ ]
- 10.6 If the response to 10.5 is no or n/a, please explain  
.....
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
.....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? ..... Yes [ ] No [ X ]
- 12.11 Name of real estate holding company ...  
12.12 Number of parcels involved .....  
12.13 Total book/adjusted carrying value ..... \$ .....
- 12.2 If, yes provide explanation:  
.....
- 13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?  
.....
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? ..... Yes [ ] No [ ]
- 13.3 Have there been any changes made to any of the trust indentures during the year? ..... Yes [ ] No [ ]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? ..... Yes [ ] No [ ] N/A [ ]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [ X ] No [ ]
- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
c. Compliance with applicable governmental laws, rules and regulations;  
d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
e. Accountability for adherence to the code.
- 14.11 If the response to 14.1 is No, please explain:  
.....
- 14.2 Has the code of ethics for senior managers been amended? ..... Yes [ X ] No [ ]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).  
Updates to the Code of Ethics focused on aligning responsibilities with current company's processes and aligning gov't programs marketing language with regulatory updates. ....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [ X ]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).  
.....

## GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? ..... Yes [ ] No [ X ]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
.....	.....	.....	.....

### BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? ..... Yes [ X ] No [ ]
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? ..... Yes [ X ] No [ ]
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? ..... Yes [ X ] No [ ]

### FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? ..... Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers.....\$ .....
  - 20.12 To stockholders not officers.....\$ .....
  - 20.13 Trustees, supreme or grand (Fraternal Only) .....\$ .....
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers.....\$ .....
  - 20.22 To stockholders not officers.....\$ .....
  - 20.23 Trustees, supreme or grand (Fraternal Only) .....\$ .....
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? ..... Yes [ ] No [ X ]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others.....\$ .....
  - 21.22 Borrowed from others.....\$ .....
  - 21.23 Leased from others .....\$ .....
  - 21.24 Other .....\$ .....
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? ..... Yes [ ] No [ X ]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$ .....
  - 22.22 Amount paid as expenses .....\$ .....
  - 22.23 Other amounts paid .....\$ .....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [ X ] No [ ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: .....\$ ..... 1,234,622
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? ..... Yes [ ] No [ X ]
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

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

### INVESTMENT

- 25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03)..... Yes [ X ] No [ ]

## GENERAL INTERROGATORIES

- 25.02 If no, give full and complete information relating thereto  
.....
- 25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)  
.....
- 25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. .... \$ .....
- 25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. .... \$ .....
- 25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? ..... Yes [ ] No [ ] N/A [ X ]
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? ..... Yes [ ] No [ ] N/A [ X ]
- 25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? ..... Yes [ ] No [ ] N/A [ X ]
- 25.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:
- 25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. .... \$ .....0
- 25.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$ .....0
- 25.093 Total payable for securities lending reported on the liability page. .... \$ .....0

- 26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). .... Yes [ ] No [ X ]
- 26.2 If yes, state the amount thereof at December 31 of the current year:
- 26.21 Subject to repurchase agreements ..... \$ .....
- 26.22 Subject to reverse repurchase agreements ..... \$ .....
- 26.23 Subject to dollar repurchase agreements ..... \$ .....
- 26.24 Subject to reverse dollar repurchase agreements ..... \$ .....
- 26.25 Placed under option agreements ..... \$ .....
- 26.26 Letter stock or securities restricted as to sale -  
excluding FHLB Capital Stock ..... \$ .....
- 26.27 FHLB Capital Stock ..... \$ .....
- 26.28 On deposit with states ..... \$ .....
- 26.29 On deposit with other regulatory bodies ..... \$ .....
- 26.30 Pledged as collateral - excluding collateral pledged to  
an FHLB ..... \$ .....
- 26.31 Pledged as collateral to FHLB - including assets  
backing funding agreements ..... \$ .....
- 26.32 Other ..... \$ .....

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

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

- 27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? . Yes [ ] No [ X ]
- 27.4 If the response to 27.3 is YES, does the reporting entity utilize:
- 27.41 Special accounting provision of SSAP No. 108 ..... Yes [ ] No [ ]
- 27.42 Permitted accounting practice ..... Yes [ ] No [ ]
- 27.43 Other accounting guidance ..... Yes [ ] No [ ]
- 27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: ..... Yes [ ] No [ ]
- The reporting entity has obtained explicit approval from the domiciliary state.
  - Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
  - Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
  - Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.
- 28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? ..... Yes [ ] No [ X ]
- 28.2 If yes, state the amount thereof at December 31 of the current year. .... \$ .....
29. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?..... Yes [ X ] No [ ]

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

1 Name of Custodian(s)	2 Custodian's Address
Comerica Bank N.A. ....	411 West Lafayette Detroit, MI, 48226 .....

## GENERAL INTERROGATORIES

29.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

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

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

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

29.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

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

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [ ] No [ X ]

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

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
	Blue Cross Blue Shield of Michigan .....	549300NP72KD2P1W1F61 .....		

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? ..... Yes [ X ] No [ ]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
464288-25-7 .....	iShares MSCI ACWI ETF .....	722,159
30.2999 - Total		722,159

30.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
iShares MSCI ACWI ETF .....	Apple Inc .....	26,648	12/31/2022 ..
iShares MSCI ACWI ETF .....	Microsoft Corp .....	21,737	12/31/2022 ..
iShares MSCI ACWI ETF .....	Amazon.com Inc .....	9,821	12/31/2022 ..
iShares MSCI ACWI ETF .....	Alphabet Inc Class A .....	6,716	12/31/2022 ..
iShares MSCI ACWI ETF .....	UnitedHealth Group Inc .....	6,355	12/31/2022 ..

## GENERAL INTERROGATORIES

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds .....	13,522,587	13,522,587	0
31.2 Preferred stocks .....	0		0
31.3 Totals	13,522,587	13,522,587	0

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

Refinitiv (formerly Thomson Reuters) is the source for fair value prices. ....

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

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? ..... Yes [ ] No [ X ]

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

Refinitiv (formerly Thomson Reuters) is the source for fair value prices. ....

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

33.2 If no, list exceptions:

.....

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? ..... Yes [ ] No [ X ]

35. By self-designating PLGI securities, the reporting entity is certifying 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 [ X ]

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? ..... Yes [ ] No [ X ]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? ..... Yes [ ] No [ ] N/A [ X ]

## GENERAL INTERROGATORIES

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

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

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

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

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

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

### OTHER

40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? ..... \$ ..... 0

40.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid

41.1 Amount of payments for legal expenses, if any? ..... \$ ..... 0

41.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid

42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? ..... \$ ..... 0

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

1 Name	2 Amount Paid

# GENERAL INTERROGATORIES

## PART 2 - HEALTH INTERROGATORIES

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

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

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? ..... \$ \_\_\_\_\_

1.31 Reason for excluding  
.....

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above ..... \$ \_\_\_\_\_

1.5 Indicate total incurred claims on all Medicare Supplement Insurance. .... \$ \_\_\_\_\_ 0

1.6 Individual policies: Most current three years:

1.61 Total premium earned ..... \$ ..... 0

1.62 Total incurred claims ..... \$ ..... 0

1.63 Number of covered lives ..... 0

All years prior to most current three years:

1.64 Total premium earned ..... \$ ..... 0

1.65 Total incurred claims ..... \$ ..... 0

1.66 Number of covered lives ..... 0

1.7 Group policies: Most current three years:

1.71 Total premium earned ..... \$ ..... 0

1.72 Total incurred claims ..... \$ ..... 0

1.73 Number of covered lives ..... 0

All years prior to most current three years:

1.74 Total premium earned ..... \$ ..... 0

1.75 Total incurred claims ..... \$ ..... 0

1.76 Number of covered lives ..... 0

2. Health Test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator .....	37,901,563	.....
2.2 Premium Denominator .....	37,901,563	.....
2.3 Premium Ratio (2.1/2.2) .....	1.000	0.000
2.4 Reserve Numerator .....	27,554,319	7,789,962
2.5 Reserve Denominator .....	27,554,319	7,789,962
2.6 Reserve Ratio (2.4/2.5) .....	1.000	1.000

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

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

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

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

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

5.2 If no, explain:  
.....

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical ..... \$ .....

5.32 Medical Only ..... \$ .....

5.33 Medicare Supplement ..... \$ .....

5.34 Dental & Vision ..... \$ .....

5.35 Other Limited Benefit Plan ..... \$ .....

5.36 Other ..... \$ .....

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

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

7.2 If no, give details  
.....

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year ..... 16,748

8.2 Number of providers at end of reporting year ..... 16,847

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

9.2 If yes, direct premium earned:

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

9.22 Business with rate guarantees over 36 months ..... \$.....

## GENERAL INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? ..... Yes  No

10.2 If yes:

10.21 Maximum amount payable bonuses.....\$ .....

10.22 Amount actually paid for year bonuses.....\$ .....

10.23 Maximum amount payable withholds.....\$ .....

10.24 Amount actually paid for year withholds.....\$ .....

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, ..... Yes  No

11.13 An Individual Practice Association (IPA), or, ..... Yes  No

11.14 A Mixed Model (combination of above)? .... Yes  No

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? ..... Yes  No

11.3 If yes, show the name of the state requiring such minimum capital and surplus. .... Iowa and South Dakota

11.4 If yes, show the amount required. .... \$ 5,000,000

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? ..... Yes  No

11.6 If the amount is calculated, show the calculation

.....

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

1 Name of Service Area
Iowa: Adair, Adams, Audubon, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Delaware, Des Moines, Dickinson, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Muscatine, O'Brien, Osceola, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Scott, Shelby, Sioux, Story, Tama, Union, Van Buren, Warren, Washington, Webster, Winnebago, Woodbury, Worth and Wright South Dakota: Aurora, Brookings, Butte, Charles Mix, Clark, Clay, Custer, Davison, Deuel, Douglas, Fall River, Haakon, Hanson, Hutchinson, Jackson, Kingsbury, Lake, Lawrence, Lincoln, McCook, Meade, Miner, Minnehaha, Moody, Pennington, Sanborn, Turner, Union and Yankton .....

13.1 Do you act as a custodian for health savings accounts? ..... Yes  No

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. .... \$ .....

13.3 Do you act as an administrator for health savings accounts? ..... Yes  No

13.4 If yes, please provide the balance of funds administered as of the reporting date. .... \$ .....

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? ..... Yes  No  N/A

14.2 If the answer to 14.1 is yes, please provide the following:

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

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1 Direct Premium Written ..... \$ .....

15.2 Total Incurred Claims ..... \$ .....

15.3 Number of Covered Lives .....

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

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes  No

16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes  No

**FIVE-YEAR HISTORICAL DATA**

	1 2022	2 2021	3 2020	4 2019	5 2018
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28) .....	47,273,613	38,746,278			
2. Total liabilities (Page 3, Line 24) .....	37,164,850	13,974,064			
3. Statutory minimum capital and surplus requirement .....	5,000,000	5,000,000			
4. Total capital and surplus (Page 3, Line 33) .....	10,108,763	24,772,214			
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8) .....	37,901,563	0			
6. Total medical and hospital expenses (Line 18) .....	38,584,058	0			
7. Claims adjustment expenses (Line 20) .....	3,118,874	0			
8. Total administrative expenses (Line 21) .....	16,084,587	11,533,461			
9. Net underwriting gain (loss) (Line 24) .....	(33,574,536)	(19,323,423)			
10. Net investment gain (loss) (Line 27) .....	171,888	(4,363)			
11. Total other income (Lines 28 plus 29) .....	1,234,622	0			
12. Net income or (loss) (Line 32) .....	(32,168,026)	(19,327,786)			
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11) .....	(15,434,677)	(11,525,866)			
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital .....	10,108,763	24,772,214			
15. Authorized control level risk-based capital .....	2,722,051	420,069			
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7) .....	4,741				
17. Total members months (Column 6, Line 7) .....	48,155				
<b>Operating Percentage</b> (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) .....	101.8	0.0			
20. Cost containment expenses .....	6.3	0.0			
21. Other claims adjustment expenses .....	1.9	0.0			
22. Total underwriting deductions (Line 23) .....	188.6	0.0			
23. Total underwriting gain (loss) (Line 24) .....	(88.6)	0.0			
<b>Unpaid Claims Analysis</b> (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5) .....	0				
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)] .....	0				
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) .....					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) .....					
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) .....					
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10) .....					
30. Affiliated mortgage loans on real estate .....					
31. All other affiliated .....					
32. Total of above Lines 26 to 31 .....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.					

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Wellmark Advantage Health Plan, Inc.

2. Des Moines, IA

NAIC Group Code	0572	BUSINESS IN THE STATE OF		DURING THE YEAR										(LOCATION)	
		Iowa		2022										NAIC Company Code	
		17001		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 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	
<b>Total Members at end of:</b>															
1. Prior Year .....	0														
2. First Quarter .....	3,411							3,411							
3. Second Quarter .....	3,448							3,448							
4. Third Quarter .....	3,714							3,714							
5. Current Year .....	3,927							3,927							
6. Current Year Member Months	40,442							40,442							
<b>Total Member Ambulatory Encounters for Year:</b>															
7. Physician .....	6,616							6,616							
8. Non-Physician .....	2,003							2,003							
9. Total .....	8,619	0	0	0	0	0	0	8,619	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	2,670							2,670							
11. Number of Inpatient Admissions	388							388							
12. Health Premiums Written (b) .....	32,167,932							32,167,932							
13. Life Premiums Direct .....	0														
14. Property/Casualty Premiums Written .....	0														
15. Health Premiums Earned .....	32,167,932							32,167,932							
16. Property/Casualty Premiums Earned	0														
17. Amount Paid for Provision of Health Care Services .....	27,358,895							27,358,895							
18. Amount Incurred for Provision of Health Care Services	32,455,027							32,455,027							

(a) For health business: number of persons insured under PPO managed care products ..... 3,491 and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 32,167,932



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Wellmark Advantage Health Plan, Inc.

2. Des Moines, IA

NAIC Group Code	0572	BUSINESS IN THE STATE OF		(LOCATION)										
		South Dakota		2022										
		NAIC Company Code		17001										
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2	3	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
<b>Total Members at end of:</b>														
1. Prior Year .....	0													
2. First Quarter .....	594							594						
3. Second Quarter .....	860							860						
4. Third Quarter .....	947							947						
5. Current Year .....	814							814						
6. Current Year Member Months	7,713							7,713						
<b>Total Member Ambulatory Encounters for Year:</b>														
7. Physician .....	1,517							1,517						
8. Non-Physician .....	591							591						
9. Total .....	2,108	0	0	0	0	0	0	2,108	0	0	0	0	0	0
10. Hospital Patient Days Incurred	415							415						
11. Number of Inpatient Admissions	56							56						
12. Health Premiums Written (b) .....	5,733,631							5,733,631						
13. Life Premiums Direct .....	0													
14. Property/Casualty Premiums Written .....	0													
15. Health Premiums Earned .....	5,733,631							5,733,631						
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services .....	5,149,387							5,149,387						
18. Amount Incurred for Provision of Health Care Services	6,129,032							6,129,032						

(a) For health business: number of persons insured under PPO managed care products ..... 814 and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 5,733,631

30.SD



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Wellmark Advantage Health Plan, Inc.

2. Des Moines, IA

NAIC Group Code	0572	BUSINESS IN THE STATE OF		Grand Total	DURING THE YEAR										(LOCATION)				
		Comprehensive (Hospital & Medical)			4	5	6	7	8	9	10	11	12	13	14	NAIC Company Code			
		2	3													Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan
Total	Individual	Group																	
<b>Total Members at end of:</b>																			
1. Prior Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2. First Quarter	4,005	0	0	0	0	0	0	0	4,005	0	0	0	0	0	0	0	0		
3. Second Quarter	4,308	0	0	0	0	0	0	0	4,308	0	0	0	0	0	0	0	0		
4. Third Quarter	4,661	0	0	0	0	0	0	0	4,661	0	0	0	0	0	0	0	0		
5. Current Year	4,741	0	0	0	0	0	0	0	4,741	0	0	0	0	0	0	0	0		
6. Current Year Member Months	48,155	0	0	0	0	0	0	0	48,155	0	0	0	0	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>																			
7. Physician	8,133	0	0	0	0	0	0	0	8,133	0	0	0	0	0	0	0	0		
8. Non-Physician	2,594	0	0	0	0	0	0	0	2,594	0	0	0	0	0	0	0	0		
9. Total	10,727	0	0	0	0	0	0	0	10,727	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	3,085	0	0	0	0	0	0	0	3,085	0	0	0	0	0	0	0	0		
11. Number of Inpatient Admissions	444	0	0	0	0	0	0	0	444	0	0	0	0	0	0	0	0		
12. Health Premiums Written (b)	37,901,563	0	0	0	0	0	0	0	37,901,563	0	0	0	0	0	0	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	37,901,563	0	0	0	0	0	0	0	37,901,563	0	0	0	0	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	32,508,282	0	0	0	0	0	0	0	32,508,282	0	0	0	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	38,584,058	0	0	0	0	0	0	0	38,584,058	0	0	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products .....4,305 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....37,901,563

30 GT

Schedule S - Part 1 - Section 2

**NONE**

Schedule S - Part 2

**NONE**

Schedule S - Part 3 - Section 2

**NONE**

Schedule S - Part 4

**NONE**

Schedule S - Part 4 - Bank Footnote

**NONE**

Schedule S - Part 5

**NONE**

Schedule S - Part 5 - Bank Footnote

**NONE**

Schedule S - Part 6

**NONE**

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	38,574,172		38,574,172
2. Accident and health premiums due and unpaid (Line 15) .....	804,313		804,313
3. Amounts recoverable from reinsurers (Line 16.1) .....	0		0
4. Net credit for ceded reinsurance .....	XXX	0	0
5. All other admitted assets (Balance) .....	7,895,128		7,895,128
6. Total assets (Line 28)	47,273,613	0	47,273,613
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	6,075,776		6,075,776
8. Accrued medical incentive pool and bonus payments (Line 2) .....	0		0
9. Premiums received in advance (Line 8) .....	40,696		40,696
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount) .....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....	0		0
14. All other liabilities (Balance) .....	31,048,378		31,048,378
15. Total liabilities (Line 24) .....	37,164,850	0	37,164,850
16. Total capital and surplus (Line 33) .....	10,108,763	XXX	10,108,763
17. Total liabilities, capital and surplus (Line 34)	47,273,613	0	47,273,613
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	0		
19. Accrued medical incentive pool .....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	0		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	0		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers .....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers .....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. Total net credit for ceded reinsurance	0		

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.  
**SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS**

**Allocated by States and Territories**

States, etc.	1 Active Status (a)	Direct Business Only									
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts	
1. Alabama	AL	N								0	
2. Alaska	AK	N								0	
3. Arizona	AZ	N								0	
4. Arkansas	AR	N								0	
5. California	CA	N								0	
6. Colorado	CO	N								0	
7. Connecticut	CT	N								0	
8. Delaware	DE	N								0	
9. District of Columbia	DC	N								0	
10. Florida	FL	N								0	
11. Georgia	GA	N								0	
12. Hawaii	HI	N								0	
13. Idaho	ID	N								0	
14. Illinois	IL	N								0	
15. Indiana	IN	N								0	
16. Iowa	IA	L	32,167,932							32,167,932	
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	5,733,631							5,733,631	
43. Tennessee	TN	N								0	
44. Texas	TX	N								0	
45. Utah	UT	N								0	
46. Vermont	VT	N								0	
47. Virginia	VA	N								0	
48. Washington	WA	N								0	
49. West Virginia	WV	N								0	
50. Wisconsin	WI	N								0	
51. Wyoming	WY	N								0	
52. American Samoa	AS	N								0	
53. Guam	GU	N								0	
54. Puerto Rico	PR	N								0	
55. U.S. Virgin Islands	VI	N								0	
56. Northern Mariana Islands	MP	N								0	
57. Canada	CAN	N								0	
58. Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0	0	0
59. Subtotal	XXX	0	37,901,563	0	0	0	0	0	0	37,901,563	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX									0	
61. Totals (Direct Business)	XXX	0	37,901,563	0	0	0	0	0	0	37,901,563	0
DETAILS OF WRITE-INS											
58001.	XXX										
58002.	XXX										
58003.	XXX										
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0	0

(a) Active Status Counts:

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

(b) Explanation of basis of allocation by states, premiums by state, etc.

By situs of contract

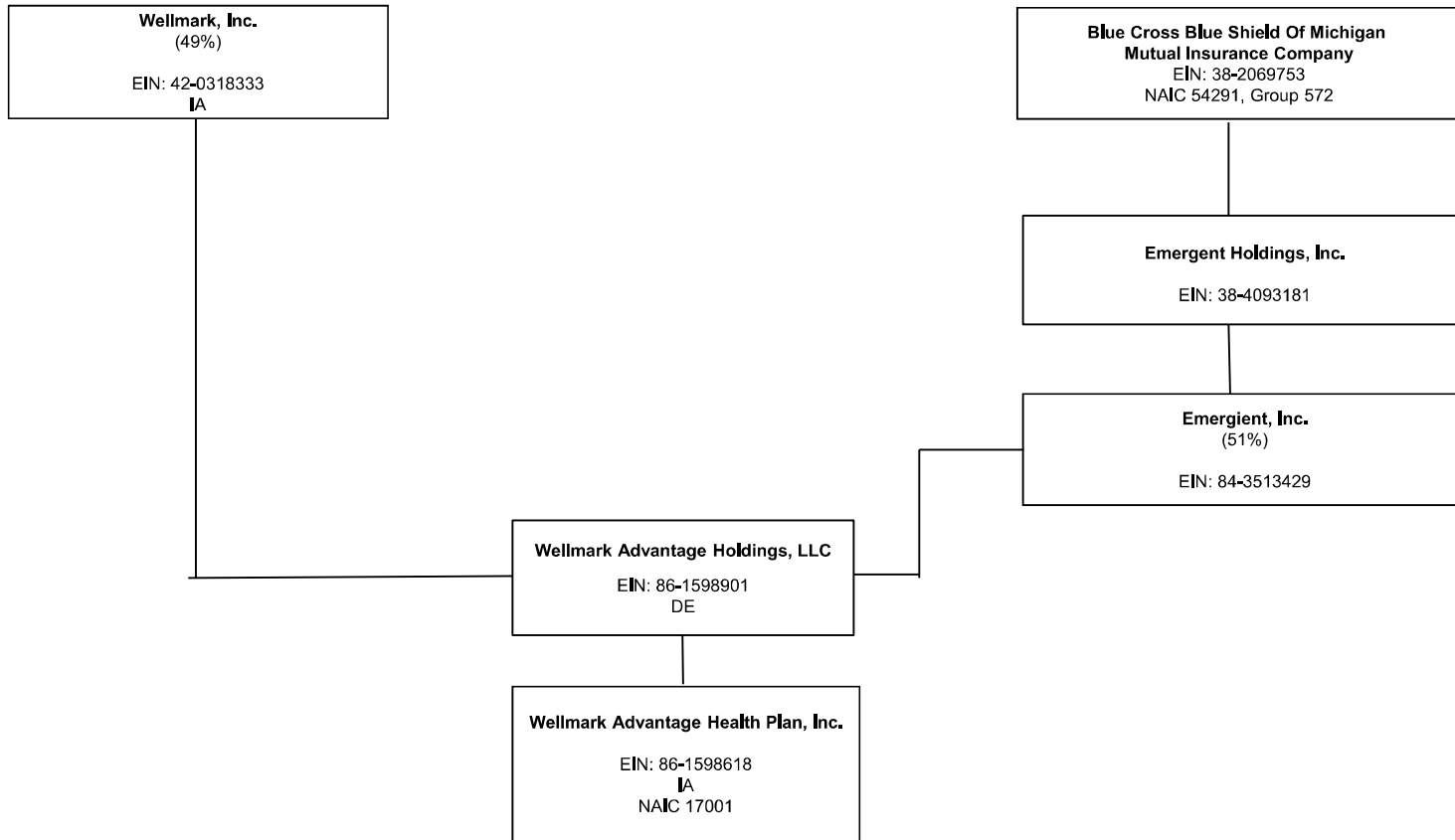
**SCHEDULE T - PART 2**  
**INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	IN						
16. Iowa	IA						
17. Kansas	KS						
18. Kentucky	KY						
19. Louisiana	LA						
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts	MA						
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	MT						
28. Nebraska	NE						
29. Nevada	NV						
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island	RI						
41. South Carolina	SC						
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX						
45. Utah	UT						
46. Vermont	VT						
47. Virginia	VA						
48. Washington	WA						
49. West Virginia	WV						
50. Wisconsin	WI						
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam	GU						
54. Puerto Rico	PR						
55. U.S. Virgin Islands	VI						
56. Northern Mariana Islands	MP						
57. Canada	CAN						
58. Aggregate Other Alien	OT						
59. Total							

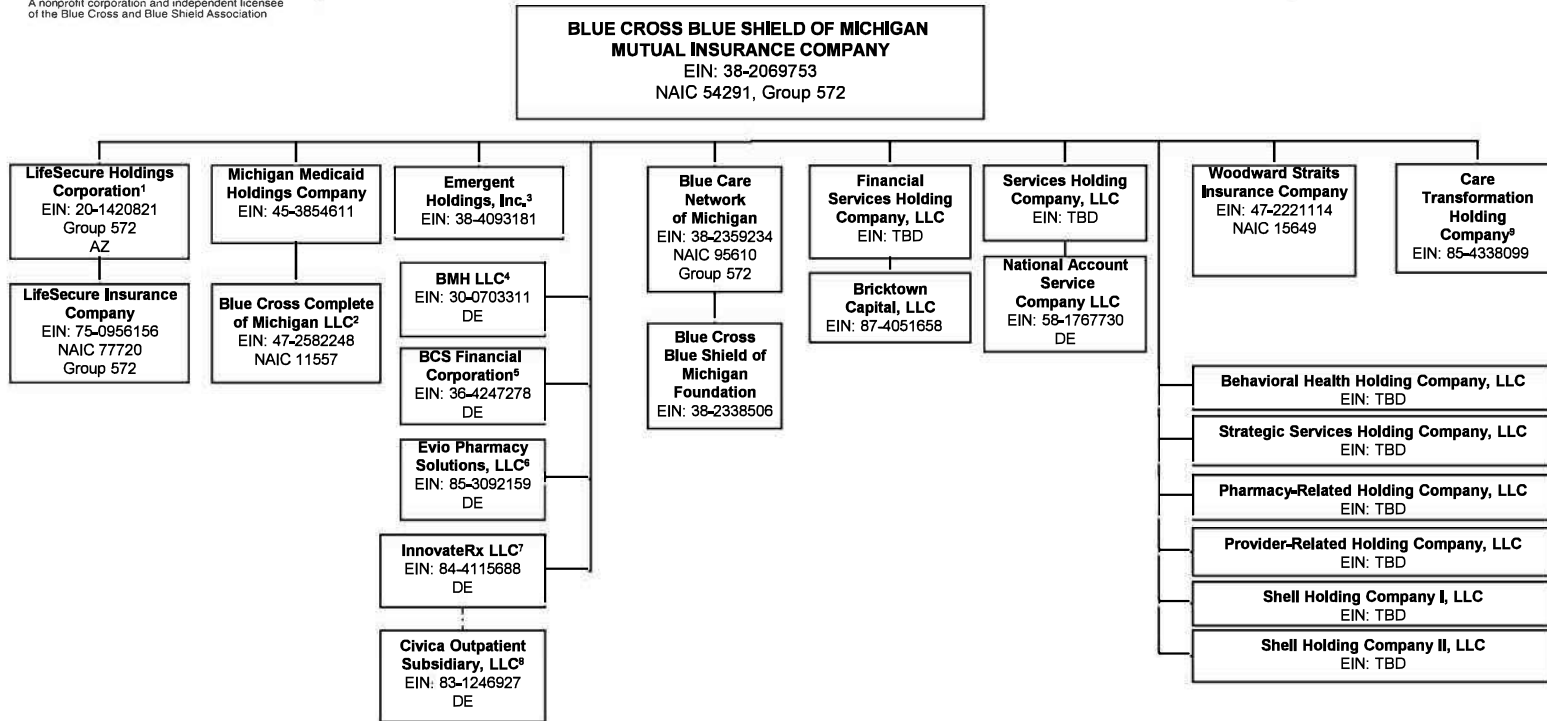
**NONE**

### SUBSIDIARY & AFFILIATE ORGANIZATION CHART Wellmark Advantage Health Plan, Inc.





## SUBSIDIARY & AFFILIATE ORGANIZATION CHART



40.1

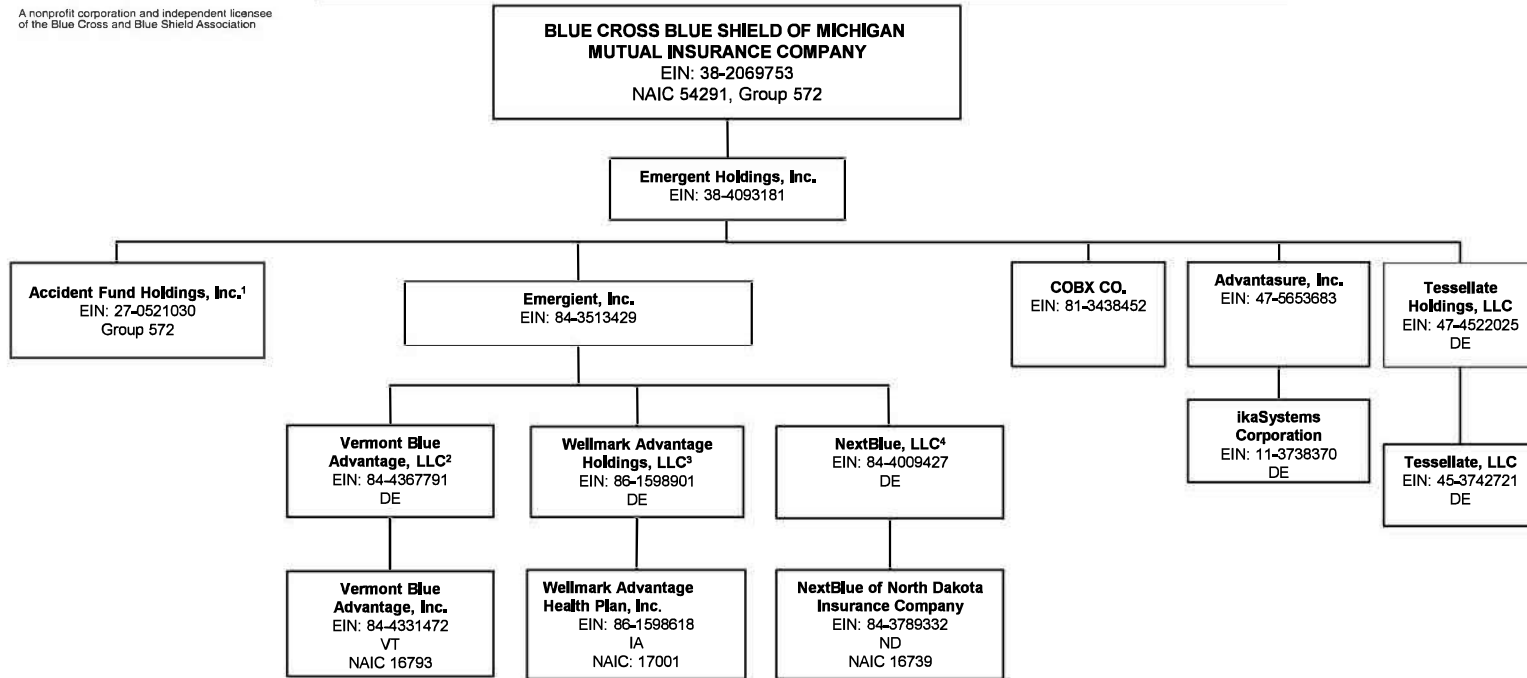
1 BCBSM owns an 80% stake of LifeSecure Holdings Corporation with the remaining 20% owned by BCS Financial Corporation.  
 2 Michigan Medicaid Holdings Company owns a 50% stake of Blue Cross Complete of Michigan LLC. Remaining 50% stake is owned by AmeriHealth Caritas Health Plan.  
 3 See pg. 2 for additional subsidiaries.  
 4 See pg. 4 for additional affiliates.  
 5 See pg. 5 for affiliated companies.  
 6 BCBSM owns a 20% stake of Evio Pharmacy Solutions, LLC.  
 7 BCBSM 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. 6 for additional subsidiaries.

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

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



## SUBSIDIARY & AFFILIATE ORGANIZATION CHART

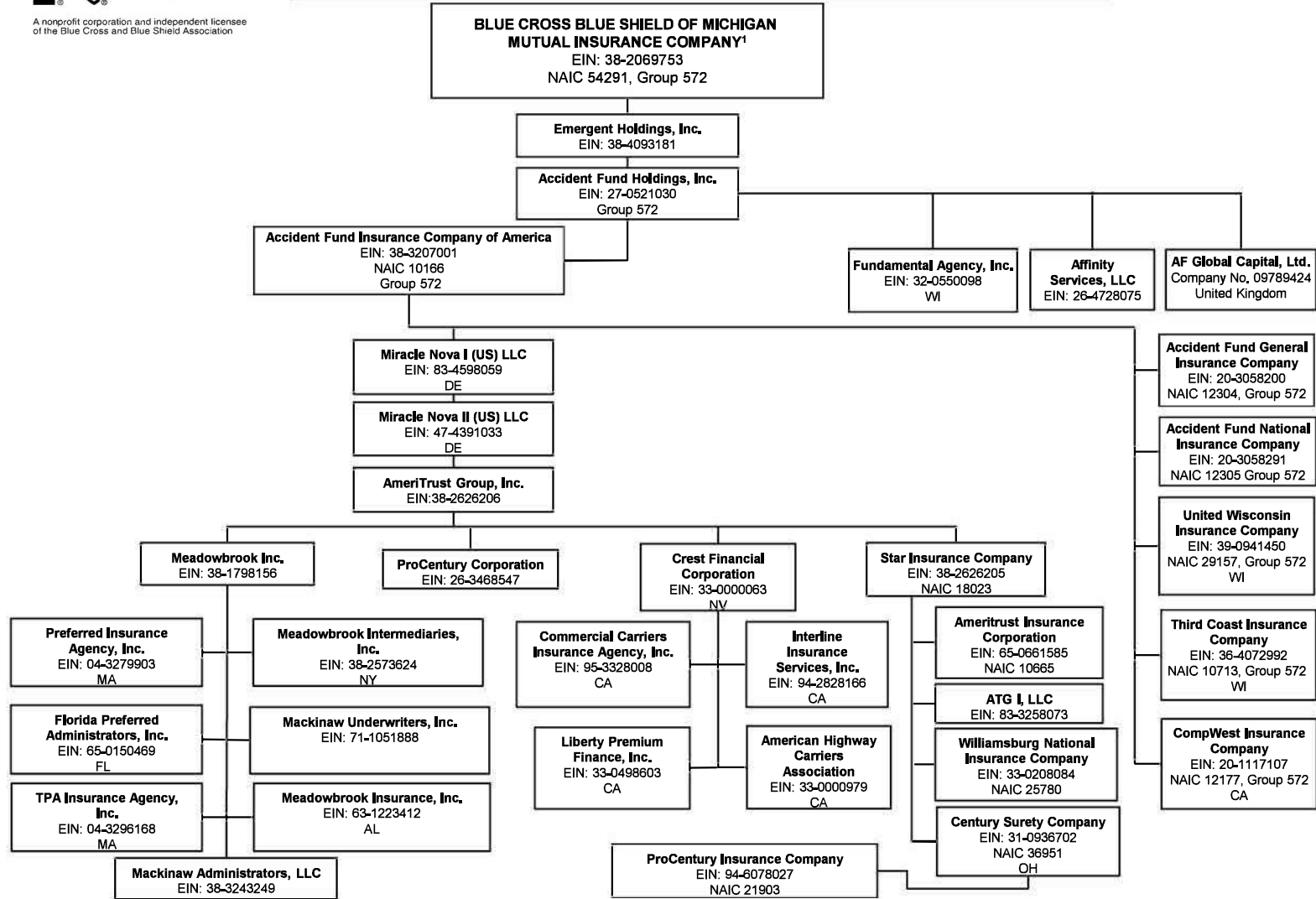


1 See page 3 for additional subsidiaries and affiliates.  
 2 Emergent, Inc. owns a 51% stake in Vermont Blue Advantage LLC  
 3 Emergent, Inc. owns a 51% stake in Wellmark Advantage Holdings, LLC  
 4 Emergent, Inc. owns a 51% stake in NextBlue, LLC.

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



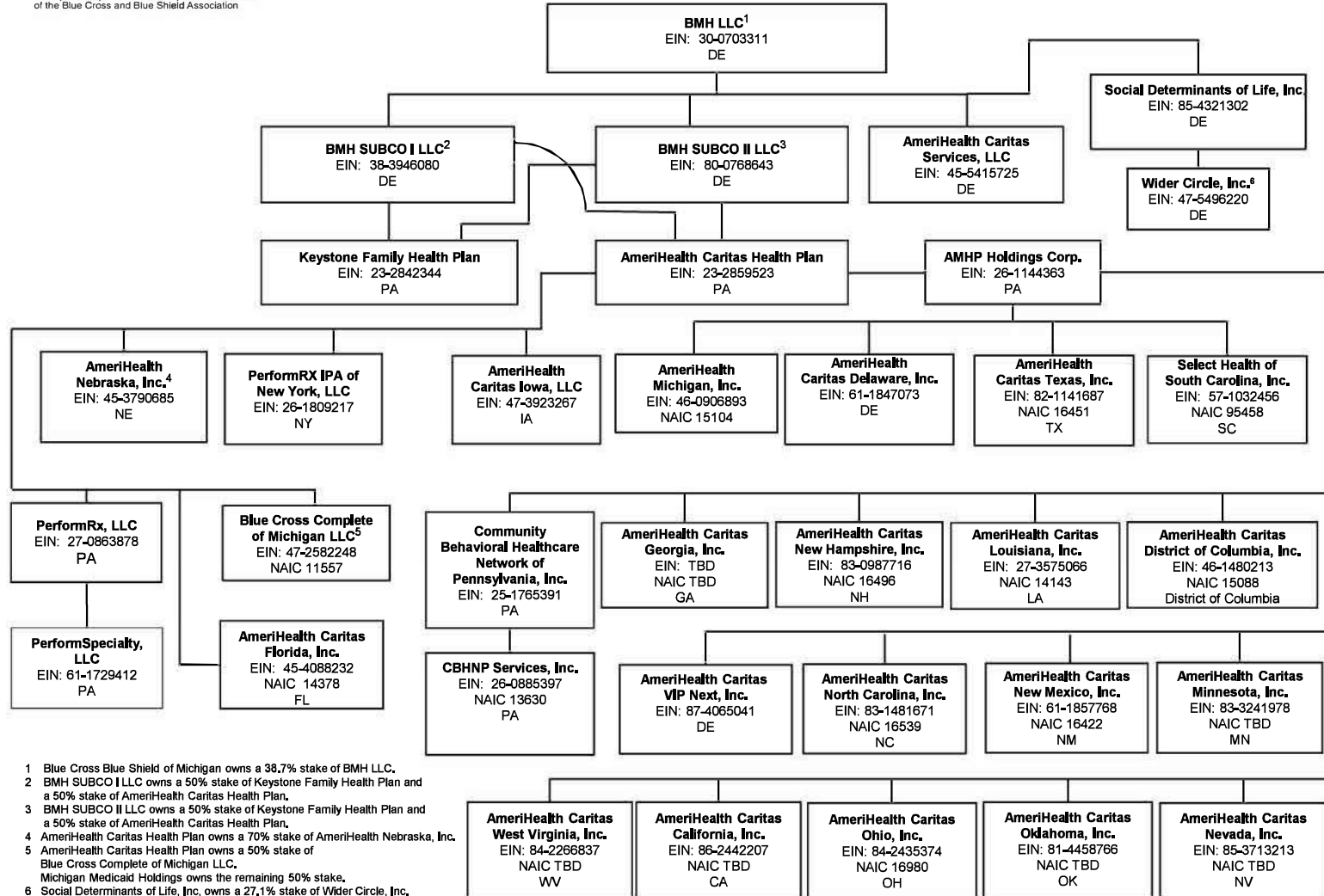
## SUBSIDIARY & AFFILIATE ORGANIZATION CHART



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



## SUBSIDIARY & AFFILIATE ORGANIZATION CHART

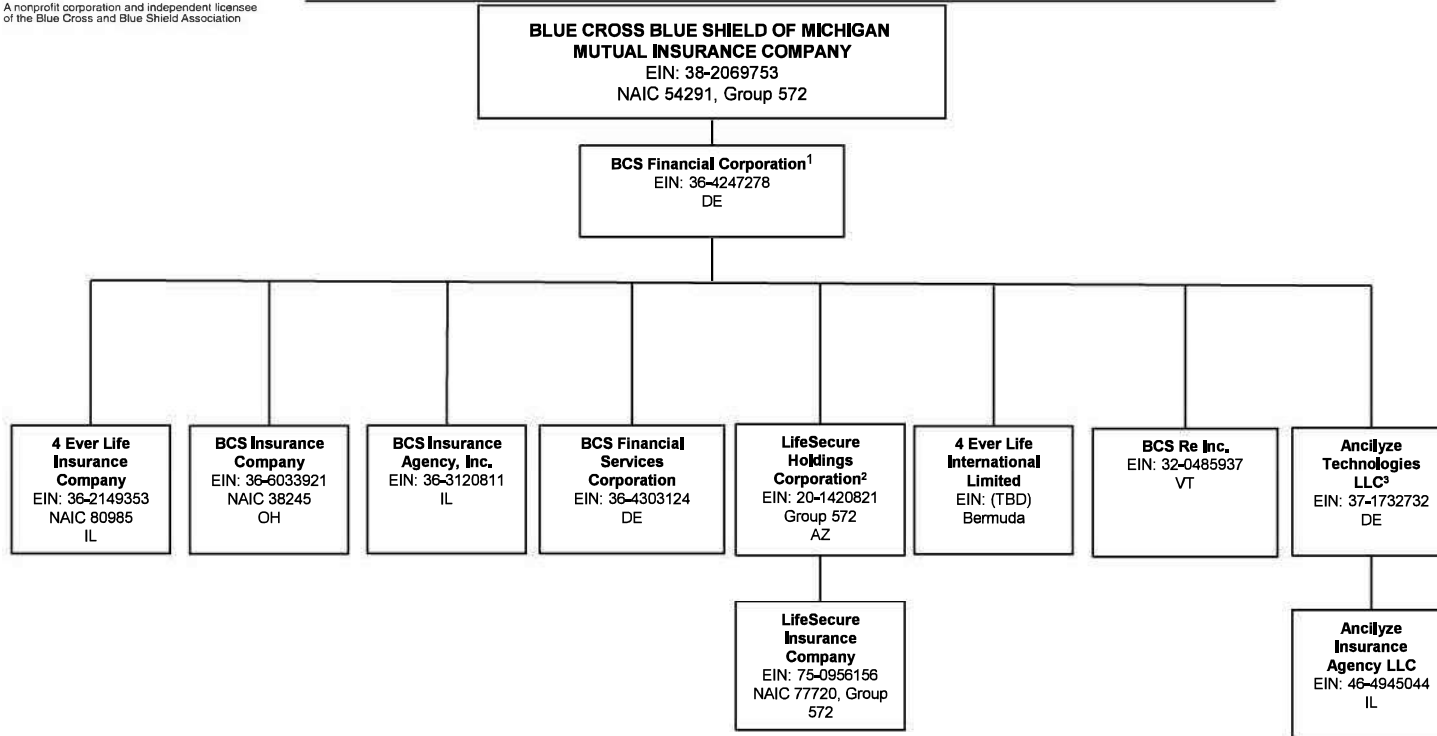


1 Blue Cross Blue Shield of Michigan owns a 38.7% stake of BMH LLC.  
 2 BMH SUBCO I LLC owns a 50% stake of Keystone Family Health Plan and a 50% stake of AmeriHealth Caritas Health Plan.  
 3 BMH SUBCO II LLC owns a 50% stake of Keystone Family Health Plan and a 50% stake of AmeriHealth Caritas Health Plan.  
 4 AmeriHealth Caritas Health Plan owns a 70% stake of AmeriHealth Nebraska, Inc.  
 5 AmeriHealth Caritas Health Plan owns a 50% stake of Blue Cross Complete of Michigan LLC.  
 Michigan Medicaid Holdings owns the remaining 50% stake.  
 6 Social Determinants of Life, Inc. owns a 27.1% stake of Wider Circle, Inc.

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



## SUBSIDIARY & AFFILIATE ORGANIZATION CHART

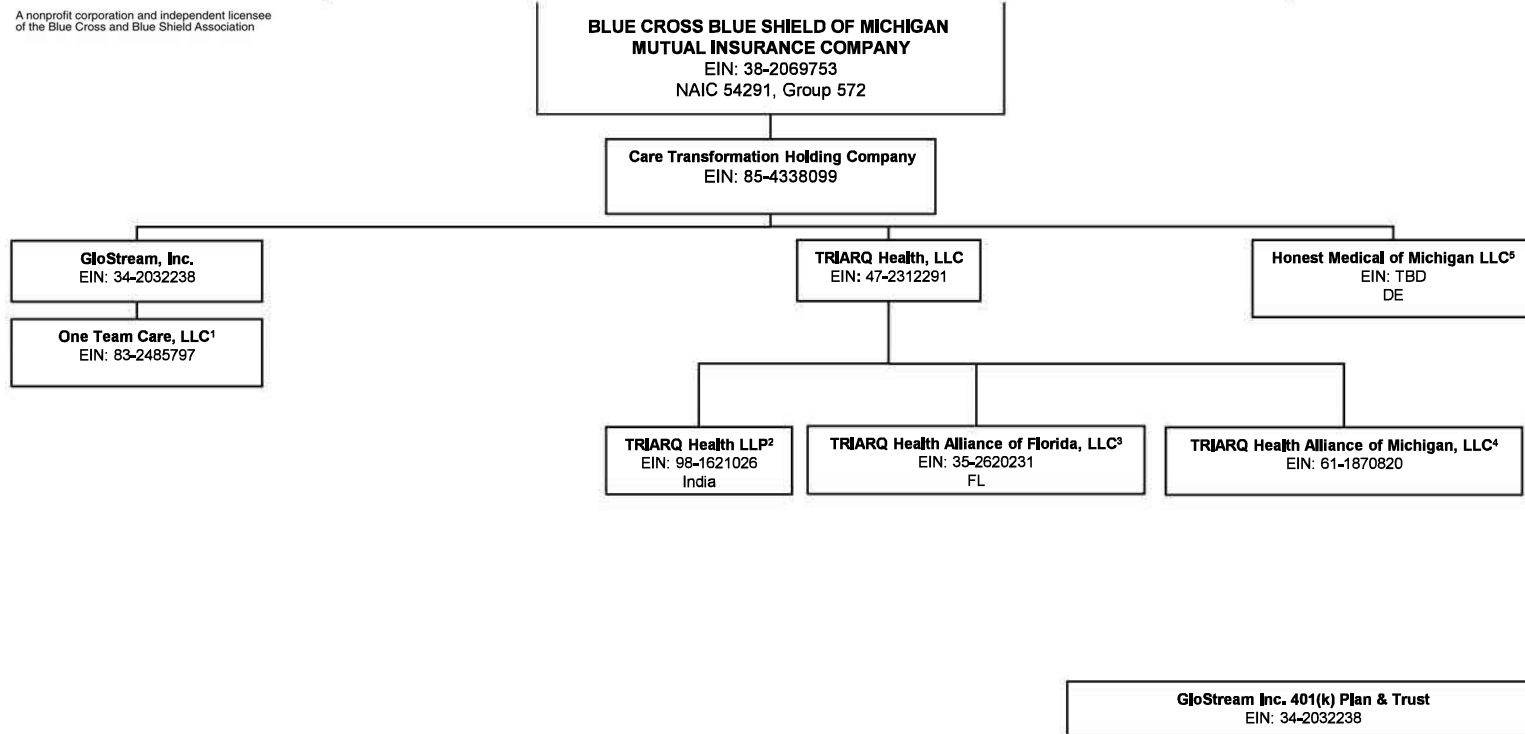


<sup>1</sup> Blue Cross Blue Shield of Michigan owns 10.1% of BCS Financial Corporation Accident Fund Insurance Company of America owns 3.56% of BCS Financial Corporation,  
<sup>2</sup> BCS Financial owns a 20% stake in LifeSecure Holdings Corporation with the remaining 80% owned by BCBSM,  
<sup>3</sup> BCS Financial Corporation owns 50% of Ancilyze Technologies LLC.

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



## SUBSIDIARY & AFFILIATE ORGANIZATION CHART

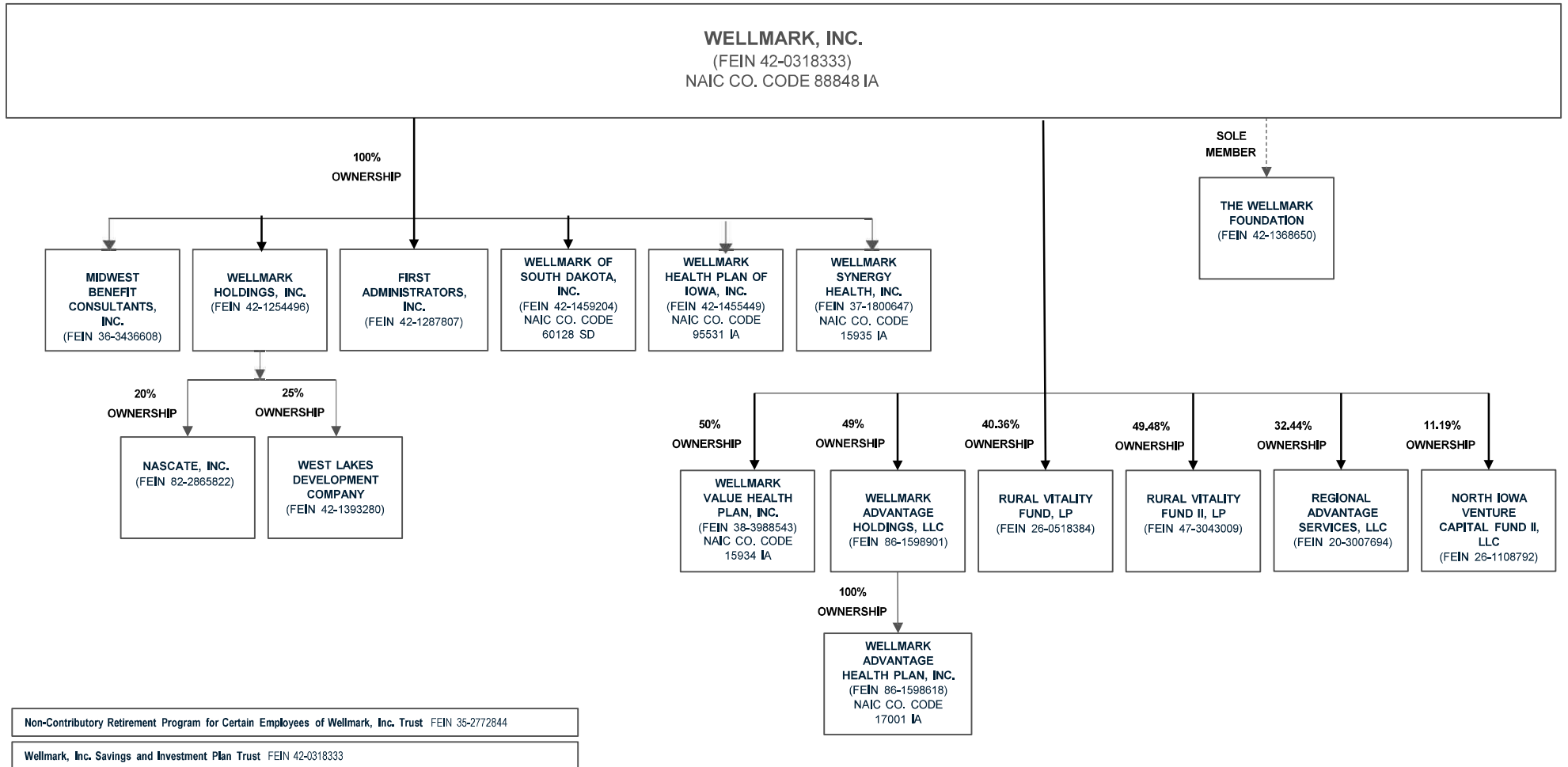


1 GloStream Inc. owns a 50% stake in One Team Care, LLC.  
 2 TRIARQ Health, LLC owns a 99.99% stake in TRIARQ Health LLP.  
 3 TRIARQ Health, LLC owns a 90% stake in TRIARQ Health Alliance of Florida.  
 4 TRIARQ Health, LLC owns a 68% stake in TRIARQ Health Alliance of Michigan.  
 5 Care Transformation Holding Company owns a 19.9% stake in Honest Medical of Michigan LLC

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

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

40.7



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

**SCHEDULE Y**  
**PART 1A - DETAIL 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	Relation-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 Ownership Provide Percentage	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	..MI	..UIP	State of Michigan	Legal				
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000					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	..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	..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	..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	..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	..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.	..MI	..UIP	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	27-0521030				Accident Fund Holdings, Inc.	..MI	..NIA	Emergent Holdings, Inc.	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	..YES	
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	AA-0000000				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	..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	..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	..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.	..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	..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.	..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.	..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.	..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.	..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.	..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.	..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.	..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	..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	..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.	..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	..CA	..NIA	Crest Financial Corporation	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	..NO	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.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				CompWest Insurance Company	CA	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	20-1420821				LifeSecure Holdings Corporation	AZ	NIA	LifeSecure 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	LifeSecure Holdings Corporation	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	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	50.000	BCBSM and Independence Health Group, Inc.	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					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	
.0572	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	90.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	15

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.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	68.000	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	47-5653683				Advantasure, 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	11-3738370				ikaSystems Corporation	DE	NIA	Advantasure, 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	47-4522025				Tessellate Holdings, LLC	DE	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	45-3742721				Tessellate, LLC	DE	NIA	Tessellate Holdings, 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	84-3513429				Emergent, 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	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	51.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	9
.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	9
.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	Blue Cross Blue Shield of Michigan Mutual Insurance Company	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	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	20.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
.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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	81-6482696				Blue Cross Blue Shield of Michigan Long-Term Disability Trust	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				Blue Cross Blue Shield of Michigan Employees' Retirement Master Trust	MI	OTH	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Management		Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	12
.0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000					Blue Cross Blue Shield of Michigan 401(K) Master Trust	MI	OTH	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Management		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				BMH LLC	DE	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	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				BMH SUBCO I LLC	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	80-0768643				BMH SUBCO II LLC	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	45-5415725				AmeriHealth Caritas Services, LLC	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	23-2859523				AmeriHealth Caritas 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	11557	47-2582248				Blue Cross Complete of Michigan LLC	MI	IA	AmeriHealth Caritas Health Plan	Ownership	50.000	BCBSM and Independence Health Group, Inc.	NO	5
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	14378	45-4088232				AmeriHealth Caritas Florida, Inc.	FL	IA	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	47-3923267				AmeriHealth Caritas Iowa, LLC	IA	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	45-3790685				AmeriHealth Nebraska, Inc.	NE	NIA	AmeriHealth Caritas Health Plan	Ownership	70.000	BCBSM and Independence Health Group, Inc. and Good Life Partners, Inc.	NO	4
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	26-1809217				Perform RX IPA of New York, LLC	NY	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	27-0863878				PerformRx, LLC	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	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	14143	27-3575066				AmeriHealth Caritas Louisiana, Inc.	LA	IA	AMHP Holdings Corp	Ownership	100.000	BCBSM and Independence Health Group, Inc.	NO	2

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

**SCHEDULE Y**

**PART 1A - DETAIL 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	Relation-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 Ownership Provide Percentage	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	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	16422	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
	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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
	Independence Health Group, Inc/ Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000					AmeriHealth Caritas Georgia	GA	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	85-4321302				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
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	36-4247278				BCS Financial Corporation	DE	NIA	BCBSM and Accident Fund Insurance Company of America	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
0572	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				Ancilyze Technologies LLC	DE	NIA	BCS Financial Corporation	Ownership	50.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	8
		00000	46-4945044				Ancilyze Insurance Agency LLC	IL	NIA	Ancilyze Technologies LLC	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	8
0770	Wellmark Group	88848	42-0318333				Wellmark, Inc.	IA	UIP			0.000	Wellmark, Inc.	NO	
0770	Wellmark Group	60128	42-1459204				Wellmark of South Dakota, Inc.	SD	IA	Wellmark, Inc.	Ownership	100.000	Wellmark, Inc.	NO	
0770	Wellmark Group	95531	42-1455449				Wellmark Health Plan of Iowa, Inc.	IA	IA	Wellmark, Inc.	Ownership	100.000	Wellmark, Inc.	NO	
0770	Wellmark Group	15935	37-1800647				Wellmark Synergy Health, Inc.	IA	IA	Wellmark, Inc.	Ownership	100.000	Wellmark, Inc.	NO	
0770	Wellmark Group	15934	38-3988543				Wellmark Value Health Plan, Inc	IA	IA	Wellmark, Inc.	Ownership	50.000	Wellmark, Inc.	NO	18
	Wellmark Group	00000	36-3436608				Midwest Benefit Consultants, Inc.	IA	NIA	Wellmark, Inc.	Ownership	100.000	Wellmark, Inc.	YES	
	Wellmark Group	00000	42-1287807				First Administrators, Inc.	IA	NIA	Wellmark, Inc.	Ownership	100.000	Wellmark, Inc.	YES	
	Wellmark Group	00000	42-1254496				Wellmark Holdings, Inc.	IA	NIA	Wellmark, Inc.	Ownership	100.000	Wellmark, Inc.	YES	
0770	Wellmark Group	00000	86-1598901				Wellmark Advantage Holdings, LLC	DE	UDP	Wellmark, Inc.	Ownership	49.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
0770	Wellmark Group	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	
	Wellmark Group	00000	42-1368650				The Wellmark Foundation	IA	OTH	Wellmark, Inc.	Management	0.000	Wellmark, Inc.	NO	19
	Wellmark Group	00000	35-2772844				Non-Contributory Retirement Program For Certain Employees of Wellmark, Inc. Trust	IA	OTH	Wellmark, Inc.	Management	0.000	Wellmark, Inc.	NO	20
	Wellmark Group	00000	42-0318333				Wellmark, Inc. Savings and Investment Plan Trust	IA	OTH	Wellmark, Inc.	Management	0.000	Wellmark, Inc.	NO	21

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

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	BCBSM owns 27.12% of the entity in column 8
5	Michigan Medicaid Holding Company and AmeriHealth Caritas Health Plan each own 50% of Blue Cross Complete of Michigan, LLC
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	BCBSM owns 90% of the entity in column 8
16	BCBSM owns 68% of the entity in column 8
17	BCBSM owns 50% of the entity in column 8
18	This entity is 50% owned by Wellmark, Inc. and 50% owned by Mercy Health Network, Inc. Each party has voting rights.
19	Wellmark, Inc. is the sole member of The Wellmark Foundation.
20	The Non-Contributory Retirement Program For Certain Employees of Wellmark, Inc. Trust was established in 2014.
21	The Wellmark, Inc. Savings and Investment Plan Trust was established in 2014.

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

**SCHEDULE Y**

**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
54291	38-2069753	Blue Cross Blue Shield of Michigan Mutual Insurance Company	37,200,000	(10,000,000)			(119,632,960)	(37,502,009)		32,829,726	(97,105,243)	46,143,244
95610	38-2359234	Blue Care Network of Michigan		(8,250,000)			(395,278,254)	(34,031,127)			(437,559,382)	
	38-2338506	Blue Cross Blue Shield of Michigan Foundation					(1,446,547)				(1,446,547)	
	38-4093181	Emergent Holdings, Inc	197,575,317	(399,369,563)			94,720,980			47,134,193	(59,939,073)	
	27-0521030	Accident Fund Holdings, Inc.	13,000,000				(39,399,847)				(26,399,847)	
10166	38-3207001	Accident Fund Insurance Company of America	(58,000,000)	14,250,000			(12,494,904)		*		(56,244,904)	2,329,744,256
12304	20-3058200	Accident Fund General Insurance Company					50,918,045		*		50,918,045	(713,865,403)
12305	20-3058291	Accident Fund National Insurance Company					(5,002,199)		*		(5,002,199)	(366,569,477)
10713	36-4072992	Third Coast Insurance Company					(10,615,822)		*		(10,615,822)	(330,310,118)
29157	39-0941450	United Wisconsin Insurance Company					(1,419,075)		*		(1,419,075)	(546,998,274)
12177	20-1117107	CompWest Insurance Company					(25,012,920)		*		(25,012,920)	(372,000,983)
		AF Global Capital, Ltd					(28,146,836)				(28,146,836)	
	26-4728075	Affinity Services, LLC					(1,047,850)				(1,047,850)	
	32-0550098	Fundamental Agency, Inc					(30,732,137)				(30,732,137)	
	84-3513429	Emergent, Inc		5,039,310			2,144,807			(5,288,758)	1,895,359	
	84-4367791	Vermont Blue Advantage, LLC		10,200							10,200	
16793	84-4331472	Vermont Blue Advantage, Inc		12,011,520			(10,172,979)				1,838,541	
	86-1598901	Wellmark Advantage Holdings, LLC		0							0	
17001	86-1598618	Wellmark Advantage Health Plan, Inc		10,194,390			(6,397,088)				3,797,302	
	84-4009427	NextBlue, LLC		10,200							10,200	
16739	84-3789332	NextBlue of North Dakota Insurance Company		9,709,380			(4,227,988)				5,481,392	
	47-5653683	Advantasure, Inc		320,968,492			84,707,688			(217,560,925)	188,115,254	
	11-3738370	ikaSystems Corporation		41,426,071			(9,479,304)			(30,002,075)	1,944,692	
	47-4522025	Tessellate Holdings, LLC									0	
	45-3742721	Tessellate, LLC	(152,575,317)				140,663,853			102,713,417	90,801,953	
11557	47-2582248	Blue Cross Complete of Michigan LLC					(214,757,189)				(214,757,189)	
77720	75-0956156	LifeSecure Insurance Company		(5,000,000)			(4,846,594)				(9,846,594)	
	58-1767730	NASCO LLC					86,739,952				86,739,952	
	47-2221114	Woodward Straits Insurance Company	(37,200,000)	(1,000,000)			29,020,964	71,533,137			62,354,101	(46,143,244)
	84-4115688	InnovateRx, LLC								1,710,026	1,710,026	
	45-5415725	AmeriHealth Caritas Services LLC					109,447,175				109,447,175	
	27-0863878	PerformRx, LLC					11,316,711				11,316,711	
	61-1729412	PerformSpecialty, LLC					92,416,310				92,416,310	
	47-5496220	Wider Circle, Inc					1,173,578				1,173,578	
	34-2032238	GioStream, Inc		(14,970,537)			4,449,387				(10,521,150)	
	83-2485797	One Team Care, LLC		14,970,537			(6,781,106)				8,189,431	
	47-2312291	TRIARQ Health, LLC		(1,151,202)			6,171,278			7,564,312	12,584,388	
	98-1621026	TRIARQ Health, LLP		1,151,202			(4,982,333)				(3,831,131)	
	87-4051658	Bricktown Capital, LLC		10,000,000			7,100,426				17,100,426	
	84-6869872	BCBSM BU Internal Health Benefit Trust					852,793				852,793	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

**SCHEDULE Y**

**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
.....	84-6871980 .....	BCBSM Non-BU Internal Health Benefit Trust .....					4,826,358				4,826,358	
.....	38-2006975 .....	BCBSM 401(K) Master Trust .....					133,821,476				133,821,476	
.....	81-3438452 .....	COBX Co .....					71,382,150			60,900,083	132,282,233	
.....	88848 42-0318333 .....	Wellmark, Inc. ....	44,700,000				230,331,893				264,828,163	
.....	95531 42-1455449 .....	Wellmark Health Plan of Iowa, Inc. ....	(43,500,000)				(139,447,448)				(182,947,448)	
.....	60128 42-1459204 .....	Wellmark of South Dakota, Inc. ....					(90,884,445)				(90,884,445)	
.....	15935 37-1800647 .....	Wellmark Synergy Health, Inc. ....	(1,200,000)								(1,200,000)	
.....	86-1598901 .....	Wellmark Advantage Holdings, LLC .....									9,794,610	
.....	47-3043009 .....	Rural Vitality Fund II, LP .....									409,120	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

Accident Fund General Insurance Company; Accident Fund National Insurance Company; Third Coast Insurance Company; United Wisconsin Insurance Company; and CompWest Insurance Company participate in a 100% pooling arrangement with Accident Fund Insurance Company of America

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

**SCHEDULE Y**

**PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL**

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control/ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control/ Affiliation of Column 5 Over Column 6 (Yes/No)
Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Blue Shield of Michigan Mutual Insurance Company	100.000	NO	State of Michigan	Blue Cross Blue Shield of Michigan Mutual Insurance Company	100.000	NO
Blue Care Network of Michigan	Blue Cross Blue Shield of Michigan Mutual Insurance Company	100.000	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Blue Shield of Michigan Mutual Insurance Company	100.000	NO
LifeSecure Insurance Company	LifeSecure Holdings Corporation	100.000	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company	LifeSecure Holdings Corporation	80.000	NO
Woodward Straits Insurance Company	Blue Cross Blue Shield of Michigan Mutual Insurance Company	100.000	NO	BCS Financial Corporation	LifeSecure Insurance Company	20.000	NO
Accident Fund Insurance Company of America	Accident Fund Holdings Inc	100.000	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Woodward Straits Insurance Company	100.000	NO
Accident Fund General Insurance Company	Accident Fund Insurance Company of America	100.000	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Accident Fund Holdings, Inc.	100.000	NO
Accident Fund National Insurance Company	Accident Fund Insurance Company of America	100.000	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Accident Fund Insurance Company of America	100.000	NO
United Wisconsin Insurance Company	Accident Fund Insurance Company of America	100.000	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Accident Fund Insurance Company of America	100.000	NO
Third Coast Insurance Company	Accident Fund Insurance Company of America	100.000	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Accident Fund Insurance Company of America	100.000	NO
CompWest Insurance Company	Accident Fund Insurance Company of America	100.000	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Accident Fund Insurance Company of America	100.000	NO
Star Insurance Company	Ameritrust Group Inc	100.000	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Accident Fund Insurance Company of America	100.000	NO
Ameritrust Insurance Corporation	Star Insurance Company	100.000	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Accident Fund Insurance Company of America	100.000	NO
Williamsburg National Insurance Company	Star Insurance Company	100.000	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Accident Fund Insurance Company of America	100.000	NO
Century Surety Company	Star Insurance Company	100.000	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Accident Fund Insurance Company of America	100.000	NO
ProCentury Insurance Company	Century Surety Company	100.000	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Accident Fund Insurance Company of America	100.000	NO
NextBlue of North Dakota Insurance Company	NextBlue LLC	100.000	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Emergent, Inc	51.000	NO
Vermont Blue Advantage, Inc	Vermont Blue Advantage LLC	100.000	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Blue Shield of North Dakota	49.000	NO
Wellmark Advantage Health Plan, Inc	Wellmark Advantage Holdings, LLC	100.000	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Emergent, Inc	51.000	NO
Blue Cross Complete of Michigan LLC	Michigan Medicaid Holdings Company	50.000	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Blue Shield of Vermont	49.000	NO
AmeriHealth Michigan, Inc	AmeriHealth Caritas Health Plan	50.000	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Wellmark, Inc	49.000	NO
	AMHP Holdings Corp	100.000	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Blue Shield of Michigan Mutual Insurance Company	50.000	NO
					Independence Health Group Inc	50.000	NO
					Blue Cross Blue Shield of Michigan Mutual Insurance Company	38.700	NO

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

**SCHEDULE Y**

**PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL**

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control Affiliation of Column 5 Over Column 6 (Yes/No)
				IBC MH LLC	Independence Health Group Inc	61.300	NO
AmeriHealth Caritas Texas, Inc.	AMHP Holdings Corp	100.000	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Blue Shield of Michigan Mutual Insurance Company	38.700	NO
				IBC MH LLC	Independence Health Group Inc	61.300	NO
Select Health of South Carolina Inc.	AMHP Holdings Corp	100.000	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Blue Shield of Michigan Mutual Insurance Company	38.700	NO
				IBC MH LLC	Independence Health Group Inc	61.300	NO
AmeriHealth Caritas Florida, Inc.	AmeriHealth Caritas Health Plan	100.000	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Blue Shield of Michigan Mutual Insurance Company	38.700	NO
				IBC MH LLC	Independence Health Group Inc	61.300	NO
AmeriHealth Caritas New Hampshire, Inc.	AMHP Holdings Corp	100.000	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Blue Shield of Michigan Mutual Insurance Company	38.700	NO
				IBC MH LLC	Independence Health Group Inc	61.300	NO
AmeriHealth Caritas Louisiana, Inc.	AMHP Holdings Corp	100.000	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Blue Shield of Michigan Mutual Insurance Company	38.700	NO
				IBC MH LLC	Independence Health Group Inc	61.300	NO
AmeriHealth Caritas District of Columbia, Inc.	AMHP Holdings Corp	100.000	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Blue Shield of Michigan Mutual Insurance Company	38.700	NO
				IBC MH LLC	Independence Health Group Inc	61.300	NO
AmeriHealth Caritas North Carolina, Inc.	AMHP Holdings Corp	100.000	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Blue Shield of Michigan Mutual Insurance Company	38.700	NO
				IBC MH LLC	Independence Health Group Inc	61.300	NO
AmeriHealth Caritas New Mexico, Inc.	AMHP Holdings Corp	100.000	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Blue Shield of Michigan Mutual Insurance Company	38.700	NO
				IBC MH LLC	Independence Health Group Inc	61.300	NO
AmeriHealth Caritas Ohio, Inc.	AMHP Holdings Corp	100.000	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Blue Shield of Michigan Mutual Insurance Company	38.700	NO
				IBC MH LLC	Independence Health Group Inc	61.300	NO
CBHNP Services, Inc	Community Behavioral Healthcare Network of Pennsylvania, Inc	100.000	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Blue Shield of Michigan Mutual Insurance Company	38.700	NO
				IBC MH LLC	Independence Health Group Inc	61.300	NO
AmeriHealth Caritas Georgia Inc	AMHP Holdings Corp	100.000	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Blue Shield of Michigan Mutual Insurance Company	38.700	NO
				IBC MH LLC	Independence Health Group Inc	61.300	NO
AmeriHealth Caritas Minnesota Inc	AMHP Holdings Corp	100.000	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Blue Shield of Michigan Mutual Insurance Company	38.700	NO
				IBC MH LLC	Independence Health Group Inc	61.300	NO
AmeriHealth Caritas West Virginia Inc	AMHP Holdings Corp	100.000	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Blue Shield of Michigan Mutual Insurance Company	38.700	NO
				IBC MH LLC	Independence Health Group Inc	61.300	NO
AmeriHealth Caritas California Inc	AMHP Holdings Corp	100.000	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Blue Shield of Michigan Mutual Insurance Company	38.700	NO
				IBC MH LLC	Independence Health Group Inc	61.300	NO
AmeriHealth Caritas Oklahoma Inc	AMHP Holdings Corp	100.000	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Blue Cross Blue Shield of Michigan Mutual Insurance Company	38.700	NO

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

**SCHEDULE Y**

**PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL**

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control/ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control/ Affiliation of Column 5 Over Column 6 (Yes/No)
AmeriHealth Caritas Nevada Inc .....	AMHP Holdings Corp .....	100.000	NO	IBC MH LLC ..... Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	Independence Health Group Inc ..... Blue Cross Blue Shield of Michigan Mutual Insurance Company .....	61.300 38.700	NO NO
				IBC MH LLC .....	Independence Health Group Inc .....	61.300	NO

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

## REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your annual statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED 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.










	Responses
<b>MARCH FILING</b>	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? .....	YES
2. Will an actuarial opinion be filed by March 1? .....	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1? .....	YES
<b>APRIL FILING</b>	
5. Will Management's Discussion and Analysis be filed by April 1? .....	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? .....	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? .....	YES
<b>JUNE FILING</b>	
8. Will an audited financial report be filed by June 1? .....	YES
9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? .....	YES

## SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your annual statement filing **if your company is engaged in the type of business covered by the supplement. 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.

<b>MARCH FILING</b>	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? .....	NO
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? .....	NO
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
16. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? .....	NO
17. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? .....	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? .....	NO
<b>APRIL FILING</b>	
19. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....	NO
20. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? .....	NO
21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? .....	YES
22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? .....	YES
23. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? .....	YES
<b>AUGUST FILING</b>	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....	SEE EXPLANATION
Explanations:	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
24. The company is below the premium threshold for filing this report.	

### Bar Codes:

10. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
11. Life Supplement [Document Identifier 205]	
12. SIS Stockholder Information Supplement [Document Identifier 420]	
13. Participating Opinion for Exhibit 5 [Document Identifier 371]	
14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
15. Medicare Part D Coverage Supplement [Document Identifier 365]	
16. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
17. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
18. Relief from the Requirements for Audit Committees [Document Identifier 226]	

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

19. Long-Term Care Experience Reporting Forms [Document Identifier 306]



20. Life Supplement [Document Identifier 211]



**OVERFLOW PAGE FOR WRITE-INS**

**NONE**

## SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage of Column 1 Line 13	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage of Column 5 Line 13
1. Long-Term Bonds (Schedule D, Part 1):						
1.01 U.S. governments .....		0.000	0	0	0	0.000
1.02 All other governments .....		0.000	0	0	0	0.000
1.03 U.S. states, territories and possessions, etc. guaranteed .....		0.000	0	0	0	0.000
1.04 U.S. political subdivisions of states, territories, and possessions, guaranteed .....		0.000	0	0	0	0.000
1.05 U.S. special revenue and special assessment obligations, etc. non-guaranteed .....		0.000	0	0	0	0.000
1.06 Industrial and miscellaneous .....		0.000	0	0	0	0.000
1.07 Hybrid securities .....		0.000	0	0	0	0.000
1.08 Parent, subsidiaries and affiliates .....		0.000	0	0	0	0.000
1.09 SVO identified funds .....	13,522,587	35.056	13,522,587	0	13,522,587	35.056
1.10 Unaffiliated bank loans .....		0.000	0	0	0	0.000
1.11 Unaffiliated certificates of deposit .....		0.000	0	0	0	0.000
1.12 Total long-term bonds .....	13,522,587	35.056	13,522,587	0	13,522,587	35.056
2. Preferred stocks (Schedule D, Part 2, Section 1):						
2.01 Industrial and miscellaneous (Unaffiliated) .....		0.000	0	0	0	0.000
2.02 Parent, subsidiaries and affiliates .....		0.000	0	0	0	0.000
2.03 Total preferred stocks .....	0	0.000	0	0	0	0.000
3. Common stocks (Schedule D, Part 2, Section 2):						
3.01 Industrial and miscellaneous Publicly traded (Unaffiliated) .....	722,159	1.872	722,159	0	722,159	1.872
3.02 Industrial and miscellaneous Other (Unaffiliated) .....		0.000	0	0	0	0.000
3.03 Parent, subsidiaries and affiliates Publicly traded .....		0.000	0	0	0	0.000
3.04 Parent, subsidiaries and affiliates Other .....		0.000	0	0	0	0.000
3.05 Mutual funds .....		0.000	0	0	0	0.000
3.06 Unit investment trusts .....		0.000	0	0	0	0.000
3.07 Closed-end funds .....		0.000	0	0	0	0.000
3.08 Exchange traded funds .....		0.000	0	0	0	0.000
3.09 Total common stocks .....	722,159	1.872	722,159	0	722,159	1.872
4. Mortgage loans (Schedule B):						
4.01 Farm mortgages .....	0	0.000	0	0	0	0.000
4.02 Residential mortgages .....	0	0.000	0	0	0	0.000
4.03 Commercial mortgages .....	0	0.000	0	0	0	0.000
4.04 Mezzanine real estate loans .....	0	0.000	0	0	0	0.000
4.05 Total valuation allowance .....		0.000	0	0	0	0.000
4.06 Total mortgage loans .....	0	0.000	0	0	0	0.000
5. Real estate (Schedule A):						
5.01 Properties occupied by company .....		0.000	0	0	0	0.000
5.02 Properties held for production of income .....		0.000	0	0	0	0.000
5.03 Properties held for sale .....		0.000	0	0	0	0.000
5.04 Total real estate .....	0	0.000	0	0	0	0.000
6. Cash, cash equivalents and short-term investments:						
6.01 Cash (Schedule E, Part 1) .....	23,344,977	60.520	23,344,977	0	23,344,977	60.520
6.02 Cash equivalents (Schedule E, Part 2) .....	984,449	2.552	984,449	0	984,449	2.552
6.03 Short-term investments (Schedule DA) .....		0.000	0	0	0	0.000
6.04 Total cash, cash equivalents and short-term investments .....	24,329,426	63.072	24,329,426	0	24,329,426	63.072
7. Contract loans .....	0	0.000	0	0	0	0.000
8. Derivatives (Schedule DB) .....	0	0.000	0	0	0	0.000
9. Other invested assets (Schedule BA) .....	0	0.000	0	0	0	0.000
10. Receivables for securities .....	0	0.000	0	0	0	0.000
11. Securities Lending (Schedule DL, Part 1).....	0	0.000	0	XXX	XXX	XXX
12. Other invested assets (Page 2, Line 11) .....	0	0.000	0	0	0	0.000
13. Total invested assets	38,574,172	100.000	38,574,172	0	38,574,172	100.000

Schedule A - Verification - Real Estate

**N O N E**

Schedule B - Verification - Mortgage Loans

**N O N E**

## SCHEDULE BA - VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

1.	Book/adjusted carrying value, December 31 of prior year .....	
2.	Cost of acquired:	
2.1	Actual cost at time of acquisition (Part 2, Column 8) .....	
2.2	Additional investment made after acquisition (Part 2, Column 9) .....	
3.	Capitalized deferred interest and other:	
3.1	Totals, Part 1, Column 16 .....	
3.2	Totals, Part 3, Column 12 .....	
4.	Accrual of discount .....	
5.	Unrealized valuation increase (decrease):	
5.1	Totals, Part 1, Column 13 .....	
5.2	Totals, Part 3, Column 9 .....	
6.	Total gain (loss) on disposals, Part 3, Column 19 .....	
7.	Deduct amounts received on disposals, Part 3, Column 16 .....	
8.	Deduct amortization of premium and depreciation .....	
9.	Total foreign exchange change in book/adjusted carrying value:	
9.1	Totals, Part 1, Column 17 .....	
9.2	Totals, Part 3, Column 14 .....	
10.	Deduct current year's other than temporary impairment recognized:	
10.1	Totals, Part 1, Column 15 .....	
10.2	Totals, Part 3, Column 11 .....	
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 BETWEEN YEARS

Bonds and Stocks

1.	Book/adjusted carrying value, December 31 of prior year .....	
2.	Cost of bonds and stocks acquired, Part 3, Column 7 .....	15,229,171
3.	Accrual of discount .....	0
4.	Unrealized valuation increase (decrease):	
4.1	Part 1, Column 12 .....	(958,646)
4.2	Part 2, Section 1, Column 15 .....	
4.3	Part 2, Section 2, Column 13 .....	(25,779)
4.4	Part 4, Column 11 .....	(984,425)
5.	Total gain (loss) on disposals, Part 4, Column 19 .....	
6.	Deduction consideration for bonds and stocks disposed of, Part 4, Column 7 .....	
7.	Deduct amortization of premium .....	0
8.	Total foreign exchange change in book/adjusted carrying value:	
8.1	Part 1, Column 15 .....	0
8.2	Part 2, Section 1, Column 19 .....	
8.3	Part 2, Section 2, Column 16 .....	0
8.4	Part 4, Column 15 .....	0
9.	Deduct current year's other than temporary impairment recognized:	
9.1	Part 1, Column 14 .....	0
9.2	Part 2, Section 1, Column 17 .....	
9.3	Part 2, Section 2, Column 14 .....	0
9.4	Part 4, Column 13 .....	0
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees, Note 5Q, Line 2 .....	0
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	14,244,746
12.	Deduct total nonadmitted amounts .....	0
13.	Statement value at end of current period (Line 11 minus Line 12) .....	14,244,746

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

**SCHEDULE D - SUMMARY BY COUNTRY**

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
<b>BONDS</b>					
Governments (Including all obligations guaranteed by governments)	1. United States .....	0	0	0	0
	2. Canada .....	0	0	0	0
	3. Other Countries	0	0	0	0
	4. Totals	0	0	0	0
U.S. States, Territories and Possessions (Direct and guaranteed)	5. Totals				
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals				
U.S. Special Revenue and Special Assessment Obligations and all Non- Guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions	7. Totals				
Industrial and Miscellaneous, SVO Identified Funds, Unaffiliated Bank Loans, Unaffiliated Certificates of Deposit and Hybrid Securities (unaffiliated)	8. United States .....	13,522,587	13,522,587	14,481,233	0
	9. Canada .....	0	0	0	0
	10. Other Countries	0	0	0	0
	11. Totals	13,522,587	13,522,587	14,481,233	0
Parent, Subsidiaries and Affiliates	12. Totals				
	13. Total Bonds	13,522,587	13,522,587	14,481,233	0
<b>PREFERRED STOCKS</b>					
Industrial and Miscellaneous (unaffiliated)	14. United States .....	0	0	0	
	15. Canada .....	0	0	0	
	16. Other Countries	0	0	0	
	17. Totals	0	0	0	
Parent, Subsidiaries and Affiliates	18. Totals				
	19. Total Preferred Stocks	0	0	0	
<b>COMMON STOCKS</b>					
Industrial and Miscellaneous (unaffiliated), Mutual Funds, Unit Investment Trusts, Closed-End Funds and Exchange Traded Funds	20. United States .....	722,159	722,159	747,938	
	21. Canada .....	0	0	0	
	22. Other Countries	0	0	0	
	23. Totals	722,159	722,159	747,938	
Parent, Subsidiaries and Affiliates	24. Totals				
	25. Total Common Stocks	722,159	722,159	747,938	
	26. Total Stocks	722,159	722,159	747,938	
	27. Total Bonds and Stocks	14,244,746	14,244,746	15,229,171	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

**SCHEDULE D - PART 1A - SECTION 1**

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 12.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>1. U.S. Governments</b>												
1.1 NAIC 1	0	0	0	0	0	XXX	0	0.0		0.0	0	0
1.2 NAIC 2	0	0	0	0	0	XXX	0	0.0		0.0	0	0
1.3 NAIC 3	0	0	0	0	0	XXX	0	0.0		0.0	0	0
1.4 NAIC 4	0	0	0	0	0	XXX	0	0.0		0.0	0	0
1.5 NAIC 5	0	0	0	0	0	XXX	0	0.0		0.0	0	0
1.6 NAIC 6	0	0	0	0	0	XXX	0	0.0		0.0	0	0
1.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>2. All Other Governments</b>												
2.1 NAIC 1	0	0	0	0	0	XXX	0	0.0		0.0	0	0
2.2 NAIC 2	0	0	0	0	0	XXX	0	0.0		0.0	0	0
2.3 NAIC 3	0	0	0	0	0	XXX	0	0.0		0.0	0	0
2.4 NAIC 4	0	0	0	0	0	XXX	0	0.0		0.0	0	0
2.5 NAIC 5	0	0	0	0	0	XXX	0	0.0		0.0	0	0
2.6 NAIC 6	0	0	0	0	0	XXX	0	0.0		0.0	0	0
2.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>3. U.S. States, Territories and Possessions etc., Guaranteed</b>												
3.1 NAIC 1	0	0	0	0	0	XXX	0	0.0		0.0	0	0
3.2 NAIC 2	0	0	0	0	0	XXX	0	0.0		0.0	0	0
3.3 NAIC 3	0	0	0	0	0	XXX	0	0.0		0.0	0	0
3.4 NAIC 4	0	0	0	0	0	XXX	0	0.0		0.0	0	0
3.5 NAIC 5	0	0	0	0	0	XXX	0	0.0		0.0	0	0
3.6 NAIC 6	0	0	0	0	0	XXX	0	0.0		0.0	0	0
3.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed</b>												
4.1 NAIC 1	0	0	0	0	0	XXX	0	0.0		0.0	0	0
4.2 NAIC 2	0	0	0	0	0	XXX	0	0.0		0.0	0	0
4.3 NAIC 3	0	0	0	0	0	XXX	0	0.0		0.0	0	0
4.4 NAIC 4	0	0	0	0	0	XXX	0	0.0		0.0	0	0
4.5 NAIC 5	0	0	0	0	0	XXX	0	0.0		0.0	0	0
4.6 NAIC 6	0	0	0	0	0	XXX	0	0.0		0.0	0	0
4.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>5. U.S. Special Revenue &amp; Special Assessment Obligations, etc., Non-Guaranteed</b>												
5.1 NAIC 1	0	0	0	0	0	XXX	0	0.0		0.0	0	0
5.2 NAIC 2	0	0	0	0	0	XXX	0	0.0		0.0	0	0
5.3 NAIC 3	0	0	0	0	0	XXX	0	0.0		0.0	0	0
5.4 NAIC 4	0	0	0	0	0	XXX	0	0.0		0.0	0	0
5.5 NAIC 5	0	0	0	0	0	XXX	0	0.0		0.0	0	0
5.6 NAIC 6	0	0	0	0	0	XXX	0	0.0		0.0	0	0
5.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

**SCHEDULE D - PART 1A - SECTION 1 (Continued)**

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 12.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>6. Industrial &amp; Miscellaneous (Unaffiliated)</b>												
6.1 NAIC 1	0	0	0	0	0	XXX	0	0.0		0.0	0	0
6.2 NAIC 2	0	0	0	0	0	XXX	0	0.0		0.0	0	0
6.3 NAIC 3	0	0	0	0	0	XXX	0	0.0		0.0	0	0
6.4 NAIC 4	0	0	0	0	0	XXX	0	0.0		0.0	0	0
6.5 NAIC 5	0	0	0	0	0	XXX	0	0.0		0.0	0	0
6.6 NAIC 6	0	0	0	0	0	XXX	0	0.0		0.0	0	0
6.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>7. Hybrid Securities</b>												
7.1 NAIC 1	0	0	0	0	0	XXX	0	0.0		0.0	0	0
7.2 NAIC 2	0	0	0	0	0	XXX	0	0.0		0.0	0	0
7.3 NAIC 3	0	0	0	0	0	XXX	0	0.0		0.0	0	0
7.4 NAIC 4	0	0	0	0	0	XXX	0	0.0		0.0	0	0
7.5 NAIC 5	0	0	0	0	0	XXX	0	0.0		0.0	0	0
7.6 NAIC 6	0	0	0	0	0	XXX	0	0.0		0.0	0	0
7.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>8. Parent, Subsidiaries and Affiliates</b>												
8.1 NAIC 1	0	0	0	0	0	XXX	0	0.0		0.0	0	0
8.2 NAIC 2	0	0	0	0	0	XXX	0	0.0		0.0	0	0
8.3 NAIC 3	0	0	0	0	0	XXX	0	0.0		0.0	0	0
8.4 NAIC 4	0	0	0	0	0	XXX	0	0.0		0.0	0	0
8.5 NAIC 5	0	0	0	0	0	XXX	0	0.0		0.0	0	0
8.6 NAIC 6	0	0	0	0	0	XXX	0	0.0		0.0	0	0
8.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>9. SVO Identified Funds</b>												
9.1 NAIC 1	XXX	XXX	XXX	XXX	XXX	13,522,587	13,522,587	100.0		0.0	13,522,587	0
9.2 NAIC 2	XXX	XXX	XXX	XXX	XXX	0	0	0.0		0.0	0	0
9.3 NAIC 3	XXX	XXX	XXX	XXX	XXX	0	0	0.0		0.0	0	0
9.4 NAIC 4	XXX	XXX	XXX	XXX	XXX	0	0	0.0		0.0	0	0
9.5 NAIC 5	XXX	XXX	XXX	XXX	XXX	0	0	0.0		0.0	0	0
9.6 NAIC 6	XXX	XXX	XXX	XXX	XXX	0	0	0.0		0.0	0	0
9.7 Totals	XXX	XXX	XXX	XXX	XXX	13,522,587	13,522,587	100.0	0	0.0	13,522,587	0
<b>10. Unaffiliated Bank Loans</b>												
10.1 NAIC 1	0	0	0	0	0	XXX	0	0.0		0.0	0	0
10.2 NAIC 2	0	0	0	0	0	XXX	0	0.0		0.0	0	0
10.3 NAIC 3	0	0	0	0	0	XXX	0	0.0		0.0	0	0
10.4 NAIC 4	0	0	0	0	0	XXX	0	0.0		0.0	0	0
10.5 NAIC 5	0	0	0	0	0	XXX	0	0.0		0.0	0	0
10.6 NAIC 6	0	0	0	0	0	XXX	0	0.0		0.0	0	0
10.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>11. Unaffiliated Certificates of Deposit</b>												
11.1 NAIC 1	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.7 Totals	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

**SCHEDULE D - PART 1A - SECTION 1 (Continued)**

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 12.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>12. Total Bonds Current Year</b>												
12.1 NAIC 1	0	0	0	0	0	13,522,587	13,522,587	100.0	XXX	XXX	13,522,587	0
12.2 NAIC 2	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
12.3 NAIC 3	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
12.4 NAIC 4	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
12.5 NAIC 5	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
12.6 NAIC 6	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
12.7 Totals	0	0	0	0	0	13,522,587	(b) 13,522,587	100.0	XXX	XXX	13,522,587	0
12.8 Line 12.7 as a % of Col. 7	0.0	0.0	0.0	0.0	0.0	100.0	100.0	XXX	XXX	XXX	100.0	0.0
<b>13. Total Bonds Prior Year</b>												
13.1 NAIC 1							XXX	XXX	0	0.0		0
13.2 NAIC 2							XXX	XXX	0	0.0		0
13.3 NAIC 3							XXX	XXX	0	0.0		0
13.4 NAIC 4							XXX	XXX	0	0.0		0
13.5 NAIC 5							XXX	XXX	(c) 0	0.0		0
13.6 NAIC 6							XXX	XXX	(c) 0	0.0		0
13.7 Totals	0	0	0	0	0	0	XXX	XXX	(b) 0	0.0	0	0
13.8 Line 13.7 as a % of Col. 9	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	0.0	XXX	0.0	0.0
<b>14. Total Publicly Traded Bonds</b>												
14.1 NAIC 1	0	0	0	0	0	13,522,587	13,522,587	100.0	0	0.0	13,522,587	XXX
14.2 NAIC 2	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
14.3 NAIC 3	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
14.4 NAIC 4	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
14.5 NAIC 5	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
14.6 NAIC 6	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
14.7 Totals	0	0	0	0	0	13,522,587	13,522,587	100.0	0	0.0	13,522,587	XXX
14.8 Line 14.7 as a % of Col. 7	0.0	0.0	0.0	0.0	0.0	100.0	100.0	XXX	XXX	XXX	100.0	XXX
14.9 Line 14.7 as a % of Line 12.7, Col. 7, Section 12	0.0	0.0	0.0	0.0	0.0	100.0	100.0	XXX	XXX	XXX	100.0	XXX
<b>15. Total Privately Placed Bonds</b>												
15.1 NAIC 1	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
15.2 NAIC 2	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
15.3 NAIC 3	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
15.4 NAIC 4	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
15.5 NAIC 5	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
15.6 NAIC 6	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
15.7 Totals	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
15.8 Line 15.7 as a % of Col. 7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
15.9 Line 15.7 as a % of Line 12.7, Col. 7, Section 12	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

(a) Includes \$ 0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.  
 (b) Includes \$ 0 current year of bonds with Z designations and \$ 0 prior year of bonds with Z designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement.  
 (c) Includes \$ 0 current year, \$ 0 prior year of bonds with 5GI designations and \$ 0 current year, \$ 0 prior year of bonds with 6\* designations. "5GI" means the NAIC designation was assigned by the (SVO) in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6\*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.  
 (d) 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

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

**SCHEDULE D - PART 1A - SECTION 2**

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 12.09	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
<b>1. U.S. Governments</b>												
1.01 Issuer Obligations .....	0	0	0	0	0	XXX	0	0.0		0.0	0	0
1.02 Residential Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0		0.0	0	0
1.03 Commercial Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0		0.0	0	0
1.04 Other Loan-Backed and Structured Securities ...	0	0	0	0	0	XXX	0	0.0		0.0	0	0
1.05 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>2. All Other Governments</b>												
2.01 Issuer Obligations .....	0	0	0	0	0	XXX	0	0.0		0.0	0	0
2.02 Residential Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0		0.0	0	0
2.03 Commercial Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0		0.0	0	0
2.04 Other Loan-Backed and Structured Securities ...	0	0	0	0	0	XXX	0	0.0		0.0	0	0
2.05 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>3. U.S. States, Territories and Possessions, Guaranteed</b>												
3.01 Issuer Obligations .....	0	0	0	0	0	XXX	0	0.0		0.0	0	0
3.02 Residential Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0		0.0	0	0
3.03 Commercial Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0		0.0	0	0
3.04 Other Loan-Backed and Structured Securities ...	0	0	0	0	0	XXX	0	0.0		0.0	0	0
3.05 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed</b>												
4.01 Issuer Obligations .....	0	0	0	0	0	XXX	0	0.0		0.0	0	0
4.02 Residential Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0		0.0	0	0
4.03 Commercial Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0		0.0	0	0
4.04 Other Loan-Backed and Structured Securities ...	0	0	0	0	0	XXX	0	0.0		0.0	0	0
4.05 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>5. U.S. Special Revenue &amp; Special Assessment Obligations etc., Non-Guaranteed</b>												
5.01 Issuer Obligations .....	0	0	0	0	0	XXX	0	0.0		0.0	0	0
5.02 Residential Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0		0.0	0	0
5.03 Commercial Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0		0.0	0	0
5.04 Other Loan-Backed and Structured Securities ...	0	0	0	0	0	XXX	0	0.0		0.0	0	0
5.05 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>6. Industrial and Miscellaneous</b>												
6.01 Issuer Obligations .....	0	0	0	0	0	XXX	0	0.0		0.0	0	0
6.02 Residential Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0		0.0	0	0
6.03 Commercial Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0		0.0	0	0
6.04 Other Loan-Backed and Structured Securities ...	0	0	0	0	0	XXX	0	0.0		0.0	0	0
6.05 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>7. Hybrid Securities</b>												
7.01 Issuer Obligations .....	0	0	0	0	0	XXX	0	0.0		0.0	0	0
7.02 Residential Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0		0.0	0	0
7.03 Commercial Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0		0.0	0	0
7.04 Other Loan-Backed and Structured Securities ...	0	0	0	0	0	XXX	0	0.0		0.0	0	0
7.05 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>8. Parent, Subsidiaries and Affiliates</b>												
8.01 Issuer Obligations .....	0	0	0	0	0	XXX	0	0.0		0.0	0	0
8.02 Residential Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0		0.0	0	0
8.03 Commercial Mortgage-Backed Securities .....	0	0	0	0	0	XXX	0	0.0		0.0	0	0
8.04 Other Loan-Backed and Structured Securities ...	0	0	0	0	0	XXX	0	0.0		0.0	0	0
8.05 Affiliated Bank Loans - Issued .....	0	0	0	0	0	XXX	0	0.0		0.0	0	0
8.06 Affiliated Bank Loans - Acquired .....	0	0	0	0	0	XXX	0	0.0		0.0	0	0
8.07 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

**SCHEDULE D - PART 1A - SECTION 2 (Continued)**

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 12.09	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
9. SVO Identified Funds												
9.01 Exchange Traded Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX	13,522,587	13,522,587	100.0		0.0	13,522,587	0
10. Unaffiliated Bank Loans												
10.01 Unaffiliated Bank Loans - Issued	0	0	0	0	0	XXX	0	0.0		0.0	0	0
10.02 Unaffiliated Bank Loans - Acquired	0	0	0	0	0	XXX	0	0.0		0.0	0	0
10.03 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
11. Unaffiliated Certificates of Deposit												
11.01 Totals	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
12. Total Bonds Current Year												
12.01 Issuer Obligations	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
12.02 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
12.03 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
12.04 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
12.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	13,522,587	13,522,587	100.0	XXX	XXX	13,522,587	0
12.06 Affiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
12.07 Unaffiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
12.08 Unaffiliated Certificates of Deposit	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
12.09 Totals	0	0	0	0	0	13,522,587	13,522,587	100.0	XXX	XXX	13,522,587	0
12.10 Line 12.09 as a % of Col. 7	0.0	0.0	0.0	0.0	0.0	100.0	100.0	XXX	XXX	XXX	100.0	0.0
13. Total Bonds Prior Year												
13.01 Issuer Obligations						XXX	XXX	XXX	0	0.0		0
13.02 Residential Mortgage-Backed Securities						XXX	XXX	XXX	0	0.0		0
13.03 Commercial Mortgage-Backed Securities						XXX	XXX	XXX	0	0.0		0
13.04 Other Loan-Backed and Structured Securities						XXX	XXX	XXX	0	0.0		0
13.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0.0		0
13.06 Affiliated Bank Loans						XXX	XXX	XXX	0	0.0		0
13.07 Unaffiliated Bank Loans						XXX	XXX	XXX	0	0.0		0
13.08 Unaffiliated Certificates of Deposit	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13.09 Totals	0	0	0	0	0	0	XXX	XXX	0	0.0	0	0
13.10 Line 13.09 as a % of Col. 9	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	0.0	XXX	0.0	0.0
14. Total Publicly Traded Bonds												
14.01 Issuer Obligations	0	0	0	0	0	XXX	0	0.0	0	0.0	0	XXX
14.02 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	XXX
14.03 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	XXX
14.04 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	XXX
14.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	13,522,587	13,522,587	100.0	0	0.0	13,522,587	XXX
14.06 Affiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	0	0.0	0	XXX
14.07 Unaffiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	0	0.0	0	XXX
14.08 Unaffiliated Certificates of Deposit	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	XXX
14.09 Totals	0	0	0	0	0	13,522,587	13,522,587	100.0	0	0.0	13,522,587	XXX
14.10 Line 14.09 as a % of Col. 7	0.0	0.0	0.0	0.0	0.0	100.0	100.0	XXX	XXX	XXX	100.0	XXX
14.11 Line 14.09 as a % of Line 12.09, Col. 7, Section 12	0.0	0.0	0.0	0.0	0.0	100.0	100.0	XXX	XXX	XXX	100.0	XXX
15. Total Privately Placed Bonds												
15.01 Issuer Obligations	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
15.02 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
15.03 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
15.04 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
15.05 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	XXX	0
15.06 Affiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
15.07 Unaffiliated Bank Loans	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
15.08 Unaffiliated Certificates of Deposit	0	0	0	0	0	XXX	0	0.0	XXX	XXX	XXX	0
15.09 Totals	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
15.10 Line 15.09 as a % of Col. 7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
15.11 Line 15.09 as a % of Line 12.09, Col. 7, Section 12	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

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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**

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.  
**SCHEDULE E - PART 2 - VERIFICATION BETWEEN YEARS**

(Cash Equivalents)

	1 Total	2 Bonds	3 Money Market Mutual funds	4 Other (a)
1. Book/adjusted carrying value, December 31 of prior year .....	0	0	0	0
2. Cost of cash equivalents acquired .....	16,217,709	0	16,217,709	0
3. Accrual of discount .....	0	0	0	0
4. Unrealized valuation increase (decrease) .....	0	0	0	0
5. Total gain (loss) on disposals .....	0	0	0	0
6. Deduct consideration received on disposals .....	15,233,260	0	15,233,260	0
7. Deduct amortization of premium .....	0	0	0	0
8. Total foreign exchange change in book/adjusted carrying value .....	0	0	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	984,449	0	984,449	0
11. Deduct total nonadmitted amounts .....	0	0	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	984,449	0	984,449	0

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment:

Schedule A - Part 1 - Real Estate Owned

**NONE**

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

**NONE**

Schedule A - Part 3 - Real Estate Disposed

**NONE**

Schedule B - Part 1 - Mortgage Loans Owned

**NONE**

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

**NONE**

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

**NONE**

Schedule BA - Part 1 - Other Long-Term Invested Assets Owned

**NONE**

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

**NONE**

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

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

**SCHEDULE D - PART 1**

Showing All Long-Term BONDS Owned December 31 of Current Year

1 CUSIP Identification	2 Description	Codes			6 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	7 Actual Cost	Fair Value		10 Par Value	11 Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value				Interest					Dates	
		3 C o d e	4 F o r e i g n	5 B o n d C h a r			8 Rate Used to Obtain Fair Value	9 Fair Value			12 Unrealized Valuation Increase/ (Decrease)	13 Current Year's (Amor- tization) Accretion	14 Current Year's Other- Than- Temporary Impairment Recognized	15 Total Foreign Exchange Change in Book/ Adjusted Carrying Value	16 Rate of	17 Effective Rate of	18 When Paid	19 Admitted Amount Due and Accrued	20 Amount Received During Year	21 Acquired	22 Stated Contractual Maturity Date
0109999999	Total - U.S. Government Bonds					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
0309999999	Total - All Other Government Bonds					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
0509999999	Total - U.S. States, Territories and Possessions Bonds					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
0709999999	Total - U.S. Political Subdivisions Bonds					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
0909999999	Total - U.S. Special Revenues Bonds					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
1109999999	Total - Industrial and Miscellaneous (Unaffiliated) Bonds					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
1309999999	Total - Hybrid Securities					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
1509999999	Total - Parent, Subsidiaries and Affiliates Bonds					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
921937-83-5	VANGUARD TOTAL BOND MARKET INDEX F					14,481,233	71.8400	13,522,587	0	13,522,587	(958,646)	0	0	0	0.000	0.000	N/A	0	197,889	08/25/2022	
1619999999	Subtotal - Bonds - SVO Identified Funds - Exchange Traded Funds - as Identified by the SVO					14,481,233	XXX	13,522,587	0	13,522,587	(958,646)	0	0	0	XXX	XXX	XXX	0	197,889	XXX	XXX
1909999999	Subtotal - Bonds - Unaffiliated Bank Loans					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
2419999999	Total - Issuer Obligations					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
2429999999	Total - Residential Mortgage-Backed Securities					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
2439999999	Total - Commercial Mortgage-Backed Securities					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
2449999999	Total - Other Loan-Backed and Structured Securities					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
2459999999	Total - SVO Identified Funds					14,481,233	XXX	13,522,587	0	13,522,587	(958,646)	0	0	0	XXX	XXX	XXX	0	197,889	XXX	XXX
2469999999	Total - Affiliated Bank Loans					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
2479999999	Total - Unaffiliated Bank Loans					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
2489999999	Total - Unaffiliated Certificates of Deposit					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
2509999999	Total Bonds					14,481,233	XXX	13,522,587	0	13,522,587	(958,646)	0	0	0	XXX	XXX	XXX	0	197,889	XXX	XXX

1. Line Book/Adjusted Carrying Value by NAIC Designation Category Footnote:  
 Number  
 1A 1A ...\$ ..... 0 1B ..\$ ..... 0 1C ..\$ ..... 0 1D ..\$ ..... 0 1E ..\$ ..... 0 1F ..\$ ..... 13,522,587 1G ..\$ ..... 0  
 1B 2A ...\$ ..... 0 2B ..\$ ..... 0 2C ..\$ ..... 0  
 1C 3A ...\$ ..... 0 3B ..\$ ..... 0 3C ..\$ ..... 0  
 1D 4A ...\$ ..... 0 4B ..\$ ..... 0 4C ..\$ ..... 0  
 1E 5A ...\$ ..... 0 5B ..\$ ..... 0 5C ..\$ ..... 0  
 1F 6 .....\$ ..... 0

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

**SCHEDULE D - PART 2 - SECTION 1**

Showing All PREFERRED STOCKS Owned December 31 of Current Year

1 CUSIP Identi- fication	2 Description	Codes		5 Number of Shares	6 Par Value Per Share	7 Rate Per Share	8 Book/ Adjusted Carrying Value	Fair Value		11 Actual Cost	Dividends			Change in Book/Adjusted Carrying Value				20 NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Admini- strative Symbol	21 Date Acquired	
		3 Code	4 For- eign					9 Rate Per Share Used to Obtain Fair Value	10 Fair Value		12 Declared but Unpaid	13 Amount Received During Year	14 Nonadmitted Declared But Unpaid	15 Unrealized Valuation Increase/ (Decrease)	16 Current Year's (Amor- tization) Accretion	17 Current Year's Other-Than- Temporary Impairment Recognized	18 Total Change in Book/Adjusted Carrying Value (15 + 16 - 17)			19 Total Foreign Exchange Change in Book/ Adjusted Carrying Value
<b>NONE</b>																				
4509999999 - Total Preferred Stocks								XXX											XXX	XXX

1. Line Book/Adjusted Carrying Value by NAIC Designation Category Footnote:  
 Number  
 1A 1A ..\$ ..... 1B ..\$ ..... 1C ..\$ ..... 1D ..\$ ..... 1E ..\$ ..... 1F ..\$ ..... 1G ..\$ .....  
 1B 2A ..\$ ..... 2B ..\$ ..... 2C ..\$ .....  
 1C 3A ..\$ ..... 3B ..\$ ..... 3C ..\$ .....  
 1D 4A ..\$ ..... 4B ..\$ ..... 4C ..\$ .....  
 1E 5A ..\$ ..... 5B ..\$ ..... 5C ..\$ .....  
 1F 6 .....\$ .....

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

**SCHEDULE D - PART 2 - SECTION 2**

Showing All COMMON STOCKS Owned December 31 of Current Year

1 CUSIP Identification	2 Description	3 Codes		5 Number of Shares	6 Book/Adjusted Carrying Value	7 Fair Value		9 Actual Cost	10 Dividends			11 Change in Book/Adjusted Carrying Value				17 Date Acquired	18 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
		3 Code	4 Foreign			7 Rate Per Share Used to Obtain Fair Value	8 Fair Value		10 Declared but Unpaid	11 Amount Received During Year	12 Nonadmitted Declared But Unpaid	13 Unrealized Valuation Increase/ (Decrease)	14 Current Year's Other-Than-Temporary Impairment Recognized	15 Total Change in Book/Adjusted Carrying Value (13 - 14)	16 Total Foreign Exchange Change in Book/Adjusted Carrying Value		
464288-25-7	ISHARES MSCI ACWI ETF			8,508,000	722,159	84.880	722,159	747,938	0	5,755	0	(25,779)	0	(25,779)	0	08/26/2022	
5019999999. Subtotal - Common Stock - Industrial and Miscellaneous (Unaffiliated) Publicly Traded					722,159	XXX	722,159	747,938	0	5,755	0	(25,779)	0	(25,779)	0	XXX	XXX
5109999999. Total - Common Stock - Industrial and Miscellaneous (Unaffiliated)					722,159	XXX	722,159	747,938	0	5,755	0	(25,779)	0	(25,779)	0	XXX	XXX
5409999999. Total - Common Stocks - Mutual Funds					0	XXX	0	0	0	0	0	0	0	0	0	XXX	XXX
5609999999. Total - Common Stocks - Unit Investment Trusts					0	XXX	0	0	0	0	0	0	0	0	0	XXX	XXX
5809999999. Total - Common Stocks - Closed-End Funds					0	XXX	0	0	0	0	0	0	0	0	0	XXX	XXX
5979999999. Total - Common Stocks - Parent, Subsidiaries and Affiliates					0	XXX	0	0	0	0	0	0	0	0	0	XXX	XXX
5989999999 - Total Common Stocks					722,159	XXX	722,159	747,938	0	5,755	0	(25,779)	0	(25,779)	0	XXX	XXX
5999999999 - Total Preferred and Common Stocks					722,159	XXX	722,159	747,938	0	5,755	0	(25,779)	0	(25,779)	0	XXX	XXX

1. Line Book/Adjusted Carrying Value by NAIC Designation Category Footnote:  
 Number  
 1A 1A ..\$ .....0 1B ..\$ .....0 1C ..\$ .....0 1D ..\$ .....0 1E ..\$ .....0 1F ..\$ .....0 1G ..\$ .....0  
 1B 2A ..\$ .....0 2B ..\$ .....0 2C ..\$ .....0  
 1C 3A ..\$ .....0 3B ..\$ .....0 3C ..\$ .....0  
 1D 4A ..\$ .....0 4B ..\$ .....0 4C ..\$ .....0  
 1E 5A ..\$ .....0 5B ..\$ .....0 5C ..\$ .....0  
 1F 6 ..\$ .....0

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

**SCHEDULE D - PART 3**

Showing All Long-Term Bonds and Stocks ACQUIRED During Current Year

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends
921937-83-5	VANGUARD TOTAL BOND MARKET INDEX F		08/25/2022	SUSQUEHANNA	188,232.000	14,481,233	0	0
1619999999	Subtotal - Bonds - SVO Identified Funds					14,481,233	0	0
2509999997	Total - Bonds - Part 3					14,481,233	0	0
2509999998	Total - Bonds - Part 5							
2509999999	Total - Bonds					14,481,233	0	0
4509999997	Total - Preferred Stocks - Part 3					0	XXX	0
4509999998	Total - Preferred Stocks - Part 5						XXX	
4509999999	Total - Preferred Stocks					0	XXX	0
464288-25-7	ISHARES MSCI ACWI ETF		08/26/2022	SUSQUEHANNA	8,508.000	747,938		0
5019999999	Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated) Publicly Traded					747,938	XXX	0
5989999997	Total - Common Stocks - Part 3					747,938	XXX	0
5989999998	Total - Common Stocks - Part 5						XXX	
5989999999	Total - Common Stocks					747,938	XXX	0
5999999999	Total - Preferred and Common Stocks					747,938	XXX	0
6009999999	Totals					15,229,171	XXX	0

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of

**N O N E**

Schedule D - Part 5 - Long Term Bonds and Stocks Acquired and Fully Disposed Of

**N O N E**

Schedule D-Part 6-Section 1-Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

**N O N E**

Schedule D - Part 6 - Section 2

**N O N E**

Schedule DA - Part 1 - Short-Term Investments Owned

**N O N E**

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open

**N O N E**

Schedule DB - Part A - Section 2 - Options, Caps, Floors, Collars, Swaps and Forwards Terminated

**N O N E**

Schedule DB - Part B - Section 1 - Futures Contracts Open

**N O N E**

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made

**N O N E**

Schedule DB - Part B - Section 2 - Futures Contracts Terminated

**N O N E**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open

**N O N E**

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

**N O N E**

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

**N O N E**

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees as of December 31 of  
Current Year

**N O N E**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

**N O N E**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

**N O N E**



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned December 31 of Current Year

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due and Accrued	9 Amount Received During Year
0109999999	Total - U.S. Government Bonds					0	0	0
0309999999	Total - All Other Government Bonds					0	0	0
0509999999	Total - U.S. States, Territories and Possessions Bonds					0	0	0
0709999999	Total - U.S. Political Subdivisions Bonds					0	0	0
0909999999	Total - U.S. Special Revenues Bonds					0	0	0
1109999999	Total - Industrial and Miscellaneous (Unaffiliated) Bonds					0	0	0
1309999999	Total - Hybrid Securities					0	0	0
1509999999	Total - Parent, Subsidiaries and Affiliates Bonds					0	0	0
1909999999	Subtotal - Unaffiliated Bank Loans					0	0	0
2419999999	Total - Issuer Obligations					0	0	0
2429999999	Total - Residential Mortgage-Backed Securities					0	0	0
2439999999	Total - Commercial Mortgage-Backed Securities					0	0	0
2449999999	Total - Other Loan-Backed and Structured Securities					0	0	0
2459999999	Total - SVO Identified Funds					0	0	0
2469999999	Total - Affiliated Bank Loans					0	0	0
2479999999	Total - Unaffiliated Bank Loans					0	0	0
2509999999	Total Bonds					0	0	0
38141W-27-3	GOLDMAN SACHS FIN SQ GOVT FS 0.92		12/29/2022	0.000		984,449	0	13,099
8309999999	Subtotal - All Other Money Market Mutual Funds					984,449	0	13,099
8609999999	Total Cash Equivalents					984,449	0	13,099

E28

1. Line Book/Adjusted Carrying Value by NAIC Designation Category Footnote:  
 Number  
 1A 1A ..\$ .....0 1B ..\$ .....0 1C ..\$ .....0 1D ..\$ .....0 1E ..\$ .....0 1F ..\$ .....0 1G ..\$ .....0  
 1B 2A ..\$ .....0 2B ..\$ .....0 2C ..\$ .....0  
 1C 3A ..\$ .....0 3B ..\$ .....0 3C ..\$ .....0  
 1D 4A ..\$ .....0 4B ..\$ .....0 4C ..\$ .....0  
 1E 5A ..\$ .....0 5B ..\$ .....0 5C ..\$ .....0  
 1F 6 .....\$ .....0

**SCHEDULE E - PART 3 - SPECIAL DEPOSITS**

States, Etc.	1 Type of Deposit	2 Purpose of Deposit	Deposits For the Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
1. Alabama	AL					
2. Alaska	AK					
3. Arizona	AZ					
4. Arkansas	AR					
5. California	CA					
6. Colorado	CO					
7. Connecticut	CT					
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL					
11. Georgia	GA					
12. Hawaii	HI					
13. Idaho	ID					
14. Illinois	IL					
15. Indiana	IN					
16. Iowa	IA					
17. Kansas	KS					
18. Kentucky	KY					
19. Louisiana	LA					
20. Maine	ME					
21. Maryland	MD					
22. Massachusetts	MA					
23. Michigan	MI					
24. Minnesota	MN					
25. Mississippi	MS					
26. Missouri	MO					
27. Montana	MT					
28. Nebraska	NE					
29. Nevada	NV					
30. New Hampshire	NH					
31. New Jersey	NJ					
32. New Mexico	NM					
33. New York	NY					
34. North Carolina	NC					
35. North Dakota	ND					
36. Ohio	OH					
37. Oklahoma	OK					
38. Oregon	OR					
39. Pennsylvania	PA					
40. Rhode Island	RI					
41. South Carolina	SC					
42. South Dakota	SD					
43. Tennessee	TN					
44. Texas	TX					
45. Utah	UT					
46. Vermont	VT					
47. Virginia	VA					
48. Washington	WA					
49. West Virginia	WV					
50. Wisconsin	WI					
51. Wyoming	WY					
52. American Samoa	AS					
53. Guam	GU					
54. Puerto Rico	PR					
55. U.S. Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CAN					
58. Aggregate Alien and Other	OT	XXX	XXX			
59. Subtotal	XXX	XXX				
DETAILS OF WRITE-INS						
5801.						
5802.						
5803.						
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX	XXX				
5899. Totals (Lines 5801 thru 5803 plus 5898)(Line 58 above)	XXX	XXX				

NONE



2/24/2023

Sandra Ross  
Vice President, Corporate Risk  
Emergent Holdings

**Confidential**

**RE: 2022 ANNUAL STATEMENT ACTUARIAL OPINION**

Dear Sandy:

Enclosed is our statement of actuarial opinion for Wellmark Advantage Health Plan, Inc., dated 2/24/2023. A copy of the representation letter has been attached to the actuarial opinion and should be submitted along with the actuarial opinion.

This opinion is based on a review of actuarial liabilities and related items identified herein, as show in the December 31, 2022 statutory annual statement of Wellmark Advantage Health Plan, Inc. This opinion has been prepared for the sole purpose of attaching it to the above described annual statement, in accordance with the instructions for completing the health statement blank.

Publication or use of the opinion except as specifically provide above is prohibited without our prior written consent.

A handwritten signature in dark ink that reads "Robert Lang".

Robert Lang  
Senior Consulting Actuary,  
Fellow, Society of Actuaries  
Member, American Academy of Actuaries

Wakely Consulting Group, LLC an HMA Company





**Wellmark Advantage Health Plan, Inc.  
Statement of Actuarial Opinion  
For the Year Ended December 31, 2022**

**TABLE OF KEY INDICATORS**

This Opinion is:     Unqualified     Qualified     Adverse     Inconclusive

IDENTIFICATION SECTION

Prescribed Wording Only     Prescribed Wording with Additional Wording     Revised Wording

SCOPE SECTION

Prescribed Wording Only     Prescribed Wording with Additional Wording     Revised Wording

RELIANCE SECTION

Prescribed Wording Only     Prescribed Wording with Additional Wording     Revised Wording

OPINION SECTION

Prescribed Wording Only     Prescribed Wording with Additional Wording     Revised Wording

RELEVANT COMMENTS

- Revised Wording
- Actuarial Memorandum includes “Deviation from Standard” wording regarding conformity with an Actuarial Standard of Practice

**IDENTIFICATION**

I, Robert Lang, Senior Consulting Actuary, am associated with the firm of Wakely Consulting Group, LLC an HMA company. I am a member of the American Academy of Actuaries and have been retained by the Wellmark Advantage Health Plan, Inc. to render an opinion with regard to loss reserves, actuarial liabilities, actuarial assets and related items. I was appointed on 5/19/21 in accordance with the requirements of the annual statement instructions. I meet the Academy qualification standards for rendering the opinion.



## SCOPE

I have examined the assumptions and methods used in determining loss reserves, actuarial liabilities, actuarial assets, and related items listed below, as shown in the annual statement of the organization as prepared for filing with state regulatory officials, as of December 31, 2022.

<b>Table 1</b>	
<b>Summary of Actuarial Liabilities &amp; Assets</b>	
<b>From Actuarial Opinion, December 31, 2022</b>	
<b>Item</b>	<b>Amount</b>
A. Claims unpaid (Page 3, Line 1);	\$ 6,075,776
B. Accrued medical incentive pool and bonus payments (Page 3, Line 2);	\$0
C. Unpaid claims adjustment expenses (Page 3, Line 3);	\$260,062
D. Aggregate health policy reserves (Page 3, Line 4) including unearned premium reserves, premium deficiency reserves and additional policy reserves from the Underwriting and Investment Exhibit – Part 2D;	\$21,478,543
E. Aggregate life policy reserves (Page 3, Line 5);	\$0
F. Property/casualty unearned premium reserves (Page 3, Line 6);	\$0
G. Aggregate health claim reserves (Page 3, Line 7);	\$0
H. Any other loss reserves, actuarial liabilities, or related items presented as liabilities in the annual statement	\$0
I. Specified actuarial items presented as assets in the annual statement, as follows:	
1. Accrued retrospective premiums and contracts subject to redetermination (Subset of Page 2, Line 15.3)	\$362,367
2. Pharmacy Rebates Receivable (Page 2, Line 24 subset)	\$1,460,185
3. PD Risk Corridor Receivable (Subset of Page 2, Line 15.3)	\$440,426

## RELIANCE

In forming my opinion on the liabilities and assets noted above, I relied upon data prepared by Sarah Miller, Director of Finance and Sandra Ross, VP of Corporate Risk as certified in the attached statements. I evaluated that data for reasonableness and consistency. I also reconciled that data to the Underwriting and Investment Exhibit, Part 2B of the company's current annual statement. In other respects, my examination included review of the actuarial assumptions and actuarial methods used and tests of the calculations I considered necessary.



## OPINION

In my opinion, the amounts carried in the balance sheet on account of the items identified above:

- A. Are in accordance with accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles;
- B. Are based on actuarial assumptions relevant to contract provisions and appropriate to the purpose for which the statement was prepared;
- C. Meet the requirements of the Insurance Laws and regulations of the state of Iowa and the loss reserves and actuarial liabilities are at least as great as the minimum aggregate amounts required by the state in which this statement is filed.
- D. Make a good and sufficient provision for all unpaid claims and other actuarial liabilities of the organization under the terms of its contracts and agreements;
- E. Make a reasonable provision for all actuarial assets of the organization under the terms of its contracts and agreements;
- F. On a combined basis, make a reasonable provision for all actuarial assets and actuarial liabilities of the organization under moderately adverse conditions;
- G. Are computed on the basis of assumptions and methods consistent with those used in computing the corresponding items in the annual statement of the preceding year-end; and
- H. Include appropriate provision for all actuarial items that ought to be established.

The Underwriting and Investment Exhibit, Part 2B was reviewed for reasonableness and consistency with the applicable Actuarial Standards of Practice.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the relevant Standards of Practice as promulgated from time to time by the Actuarial Standards Board, which standards form the basis of this statement of opinion.

## RELEVANT COMMENTS

A detailed analysis regarding the adequacy of reserves and related actuarial items when considered in light of the assets which support them was not performed. This opinion is not based on an asset adequacy analysis.

The impact of unanticipated events subsequent to the date of this opinion is beyond the scope of this opinion.



Respectfully submitted,

A handwritten signature in black ink that reads "Robert Lang". The signature is written in a cursive style.

Robert Lang, FSA, MAAA  
Wakely Consulting Group, LLC an HMA Company  
7650 W Courtney Campbell Causeway, Suite 1250  
Tampa, FL 33607  
Robert.Lang@wakely.com  
(727) 259-7482  
February 24, 2023



Affidavit

Emergent Holdings, Inc. (Emergent) has provided Wakely Consulting Group, LLC an HMA Company, 7650 Courtney Campbell Causeway 19 N, Suite 1250, Tampa, FL 33607 (Wakely) with information used to develop the 2022 year-end actuarial opinion for Wellmark Advantage Health Plan, Inc. (Wellmark). The data and information provided was prepared under my direction, and to the best of my knowledge and belief, are substantially accurate and complete with respect to all data elements.

The data include, but are not limited to:

- Claim listings and summaries
- Membership summaries
- Projected 2023 budgets
- Details of capitation fees and/or other risk sharing arrangements,
- Reinsurance premiums and recoveries, and
- Amounts received and receivable from risk-sharing arrangements,

Furthermore, I represent that to the best of my knowledge and belief:

- the information supplied to Wakely Consulting Group, LLC is comprehensive with respect to any service where a liability or actuarial asset existed as of December 31, 2022.
- All information associated with liabilities for capitated providers (including vendors of prescription drugs, DME, dental, vision, mental health and other ancillary services) has been provided.
- We do not know of any financial solvency concerns for any capitated vendors.
- Where needed, premium deficiency reserve estimates have been set based on a fair projection of Wellmark's expected costs and revenues and accurately reflected in the financial statements.
- All information that would affect the development of the liabilities has been provided to Wakely.
- The data provided has been reconciled to the financial statements.

I understand that Wakely is relying on these items to develop the actuarial opinion and has not audited the accuracy or completeness of the data beyond a reasonability assessment.

Sandra Ross

Sandra Ross  
Vice President, Corporate Risk  
Emergent Holdings, Inc.

2/21/23

Date



Affidavit

Emergent Holdings, Inc. (Emergent) has provided Wakely Consulting Group, LLC an HMA Company, 7650 Courtney Campbell Causeway 19 N, Suite 1250, Tampa, FL 33607 (Wakely) with information used to develop the 2022 year-end actuarial opinion for Wellmark Advantage Health Plan, Inc. (Wellmark). The data and information provided was prepared under my direction, and to the best of my knowledge and belief, are substantially accurate and complete with respect to all data elements.

The data include, but are not limited to:

- Details of Dental, Vision and NCBE fees and/or other risk sharing arrangements
- Rebate amounts, and
- Financial statement data.

Furthermore, I represent that to the best of my knowledge and belief:

- the information supplied to Wakely Consulting Group, LLC is comprehensive with respect to any service where a liability or actuarial asset existed as of December 31, 2022.
- All information associated with liabilities for capitated providers (including vendors of prescription drugs, DME, dental, vision, mental health and other ancillary services) has been provided.
- We do not know of any financial solvency concerns for any capitated vendors.
- Where needed, premium deficiency reserve estimates have been set based on a fair projection of Wellmark's expected costs and revenues and accurately reflected in the financial statements.
- All information that would affect the development of the liabilities has been provided to Wakely.
- The data provided has been reconciled to the financial statements.

I understand that Wakely is relying on these items to develop the actuarial opinion and has not audited the accuracy or completeness of the data beyond a reasonability assessment.

*Sarah Miller*

\_\_\_\_\_  
Sarah Miller  
Director, Finance  
Emergent Holdings, Inc.

2/21/23

\_\_\_\_\_  
Date



SUPPLEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

**SUPPLEMENTAL COMPENSATION EXHIBIT**

For the Year Ended December 31, 2022

(To be filed by March 1)

**PART 1 - INTERROGATORIES**

1. Is the reporting insurer a member of a group of insurers or other holding company system? Yes [ X ] No [ ]  
If yes, do the amounts below represent 1) total gross compensation earned for each individual by or on behalf of all companies which are part of the group: Yes [ X ]; or 2) allocation to each insurer: Yes [ ] .
2. Did any person while an officer, director, or trustee of the reporting entity receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity? Yes [ ] No [ X ]
3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond the period of 12 months from the date of the agreement? Yes [ X ] No [ ]

**PART 2 - OFFICERS AND EMPLOYEES COMPENSATION**

1 Name and Principal Position	2 Year	3 Salary	4 Bonus	5 Stock Awards	6 Option Awards	7 Sign-on Payments	8 Severance Payments	9 All Other Compensation	10 Totals
Current:									
1. Principal Executive Officer .....	2022	230,769						134,566	365,335
Briggs William Hamor * .....	2021								0
	2020								0
Current:									
2. Principal Financial Officer .....	2022	620,432	1,521,633					99,726	2,241,790
Anthony George Phillips .....	2021	596,435	1,108,670					113,951	1,819,056
	2020								0
3. Former:									
Principal Executive Officer .....	2022	510,072	1,132,075					12,991	1,655,138
Pritpal Singh Virdee * .....	2021	490,344	771,570					20,318	1,282,232
	2020								0
4. ....	2022								0
.....	2021								0
	2020								0
5. ....	2022								0
.....	2021								0
	2020								0
6. ....	2022								0
.....	2021								0
	2020								0
7. ....	2022								0
.....	2021								0
	2020								0
8. ....	2022								0
.....	2021								0
	2020								0
9. ....	2022								0
.....	2021								0
	2020								0
10. ....	2022								0
.....	2021								0
	2020								0

**PART 3 - DIRECTOR COMPENSATION**

1 Name and Principal Position or Occupation and Company (if Outside Director)	Paid or Deferred for Services as Director				6 All Other Compensation Paid or Deferred	7 Totals
	2 Direct Compensation	3 Stock Awards	4 Option Awards	5 Other		
Pritpal Singh Virdee, Director .....						0
Anthony George Phillips, Director .....						0
Jason Richard Humphrey, Director .....						0
Laura Jean Jackson, Director* .....						0
Tricia Ann Keith, Director .....						0
Sean Joseph McTaggart, Director .....						0
Jeffery Loran Turner, Director * .....						0
Kyle Christopher Lattina, Director* .....						0
John Stephen Roberts, Director * .....						0

SUPPLEMENT FOR THE YEAR 2022 OF THE Wellmark Advantage Health Plan, Inc.

**PART 4 - NARRATIVE DESCRIPTION OF MATERIAL FACTORS**

---

Provide a narrative description of any material factors necessary to gain an understanding of the information disclosed in the tables.  
Director compensation is related to Wellmark Advantage Health Plan only.

\* Individual transitioned to/from Officer/Director role during 2022. ....

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