



ANNUAL STATEMENT
 FOR THE YEAR ENDED DECEMBER 31, 2025
 OF THE CONDITION AND AFFAIRS OF THE
WELLMARK SYNERGY HEALTH, INC.

NAIC Group Code 0770, 0770 NAIC Company Code 15935 Employer's ID Number 37-1800647
 (Current) (Prior)

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

OFFICERS

JOHN THOMAS CLENDENIN, PRESIDENT SCOTT ANDREW SUNDSTROM, SECRETARY
 CHRISTA DANEEN KUENNEN, TREASURER PETER RIENHART KITUNDU, CHIEF COMPLIANCE & PRIVACY OFFICER

DIRECTORS OR TRUSTEES

JOHN THOMAS CLENDENIN CHRISTA DANEEN KUENNEN
 KYLE CHRISTOPHER LATTINA

State of IOWA
 County of POLK SS

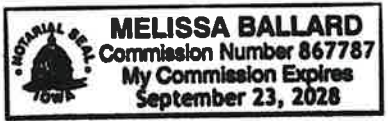
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any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

x x x
 JOHN THOMAS CLENDENIN SCOTT ANDREW SUNDSTROM CHRISTA DANEEN KUENNEN
 PRESIDENT SECRETARY TREASURER

Subscribed and sworn to before me
 this 25th day of
 February, 2026

x

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



ASSETS

| | Current Year | | | Prior Year |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------|-----------------------------------|---------------------|
| | 1 | 2 | 3 | 4 |
| | Assets | Nonadmitted Assets | Net Admitted Assets (Cols. 1 - 2) | Net Admitted Assets |
| 1. Bonds (Schedule D)..... | | | | |
| 2. Stocks (Schedule D): | | | | |
| 2.1 Preferred stocks..... | | | | |
| 2.2 Common stocks..... | | | | |
| 3. Mortgage loans on real estate (Schedule B): | | | | |
| 3.1 First liens..... | | | | |
| 3.2 Other than first liens..... | | | | |
| 4. Real estate (Schedule A): | | | | |
| 4.1 Properties occupied by the company (less \$..... encumbrances)..... | | | | |
| 4.2 Properties held for the production of income (less \$..... encumbrances)..... | | | | |
| 4.3 Properties held for sale (less \$..... encumbrances)..... | | | | |
| 5. Cash (\$.....2,797,581, Schedule E - Part 1), cash equivalents (\$....., Schedule E - Part 2) and short-term investments (\$....., Schedule DA)..... | 2,797,581 | | 2,797,581 | 2,715,466 |
| 6. Contract loans (including \$..... premium notes)..... | | | | |
| 7. Derivatives (Schedule DB)..... | | | | |
| 8. Other invested assets (Schedule BA)..... | | | | |
| 9. Receivables for securities..... | | | | |
| 10. Securities lending reinvested collateral assets (Schedule DL)..... | | | | |
| 11. Aggregate write-ins for invested assets..... | | | | |
| 12. Subtotals, cash and invested assets (Lines 1 to 11)..... | 2,797,581 | | 2,797,581 | 2,715,466 |
| 13. Title plants less \$..... charged off (for Title insurers only)..... | | | | |
| 14. Investment income due and accrued..... | | | | |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection..... | | | | |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$..... earned but unbilled premiums)..... | | | | |
| 15.3 Accrued retrospective premiums (\$.....) and contracts subject to redetermination (\$.....)..... | | | | |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers..... | | | | |
| 16.2 Funds held by or deposited with reinsured companies..... | | | | |
| 16.3 Other amounts receivable under reinsurance contracts..... | | | | |
| 17. Amounts receivable relating to uninsured plans..... | | | | |
| 18.1 Current federal and foreign income tax recoverable and interest thereon..... | | | | |
| 18.2 Net deferred tax asset..... | | | | |
| 19. Guaranty funds receivable or on deposit..... | | | | |
| 20. Electronic data processing equipment and software..... | | | | |
| 21. Furniture and equipment, including health care delivery assets (\$.....)..... | | | | |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates..... | | | | |
| 23. Receivables from parent, subsidiaries and affiliates..... | 800 | | 800 | |
| 24. Health care (\$.....) and other amounts receivable..... | | | | |
| 25. Aggregate write-ins for other-than-invested assets..... | | | | |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)..... | 2,798,381 | | 2,798,381 | 2,715,466 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | | |
| 28. Total (Lines 26 and 27)..... | 2,798,381 | | 2,798,381 | 2,715,466 |
| Details of Write-Ins | | | | |
| 1101..... | | | | |
| 1102..... | | | | |
| 1103..... | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page..... | | | | |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)..... | | | | |
| 2501..... | | | | |
| 2502..... | | | | |
| 2503..... | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page..... | | | | |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)..... | | | | |

LIABILITIES, CAPITAL AND SURPLUS

| | Current Year | | | Prior Year |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------|------------|------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$..... reinsurance ceded)..... | | | | |
| 2. Accrued medical incentive pool and bonus amounts..... | | | | |
| 3. Unpaid claims adjustment expenses..... | | | | |
| 4. Aggregate health policy reserves, including the liability of \$..... for medical loss ratio rebate per the Public Health Service Act..... | | | | |
| 5. Aggregate life policy reserves..... | | | | |
| 6. Property/casualty unearned premium reserves..... | | | | |
| 7. Aggregate health claim reserves..... | | | | |
| 8. Premiums received in advance..... | | | | |
| 9. General expenses due or accrued..... | | | | |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses))..... | 24,000 | | 24,000 | 29,000 |
| 10.2 Net deferred tax liability..... | | | | |
| 11. Ceded reinsurance premiums payable..... | | | | |
| 12. Amounts withheld or retained for the account of others..... | | | | |
| 13. Remittances and items not allocated..... | | | | |
| 14. Borrowed money (including \$..... current) and interest thereon \$..... (including \$..... current)..... | | | | |
| 15. Amounts due to parent, subsidiaries and affiliates..... | | | | |
| 16. Derivatives..... | | | | |
| 17. Payable for securities..... | | | | |
| 18. Payable for securities lending..... | | | | |
| 19. Funds held under reinsurance treaties (with \$..... authorized reinsurers, \$..... unauthorized reinsurers and \$..... certified reinsurers)..... | | | | |
| 20. Reinsurance in unauthorized and certified (\$.....) companies..... | | | | |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates..... | | | | |
| 22. Liability for amounts held under uninsured plans..... | | | | |
| 23. Aggregate write-ins for other liabilities (including \$..... current)..... | | | | |
| 24. Total liabilities (Lines 1 to 23)..... | 24,000 | | 24,000 | 29,000 |
| 25. Aggregate write-ins for special surplus funds..... | XXX | XXX | | |
| 26. Common capital stock..... | XXX | XXX | 1,000,000 | 1,000,000 |
| 27. Preferred capital stock..... | XXX | XXX | | |
| 28. Gross paid in and contributed surplus..... | XXX | XXX | | |
| 29. Surplus notes..... | XXX | XXX | | |
| 30. Aggregate write-ins for other-than-special surplus funds..... | XXX | XXX | | |
| 31. Unassigned funds (surplus)..... | XXX | XXX | 1,774,381 | 1,686,466 |
| 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 | 2,774,381 | 2,686,466 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33)..... | XXX | XXX | 2,798,381 | 2,715,466 |
| Details of Write-Ins | | | | |
| 2301..... | | | | |
| 2302..... | | | | |
| 2303..... | | | | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page..... | | | | |
| 2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)..... | | | | |
| 2501..... | XXX | XXX | | |
| 2502..... | XXX | XXX | | |
| 2503..... | XXX | XXX | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page..... | | | | |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)..... | XXX | XXX | | |
| 3001..... | XXX | XXX | | |
| 3002..... | XXX | XXX | | |
| 3003..... | XXX | XXX | | |
| 3098. Summary of remaining write-ins for Line 30 from overflow page..... | | | | |
| 3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)..... | XXX | XXX | | |

STATEMENT OF REVENUE AND EXPENSES

| | Current Year | | Prior Year |
|------------------------------------------------------------------------------------------------------------------------------------|----------------|------------|------------|
| | 1 Uncovered | 2 Total | 3 Total |
| 1. Member months..... | XXX | | |
| 2. Net premium income (including \$..... non-health premium income)..... | XXX | | |
| 3. Change in unearned premium reserves and reserve for rate credits..... | XXX | | |
| 4. Fee-for-service (net of \$..... medical expenses)..... | XXX | | |
| 5. Risk revenue..... | XXX | | |
| 6. Aggregate write-ins for other health care related revenues..... | XXX | | |
| 7. Aggregate write-ins for other non-health revenues..... | XXX | | |
| 8. Total revenues (Lines 2 to 7)..... | XXX | | |
| Hospital and Medical: | | | |
| 9. Hospital/medical benefits..... | | | |
| 10. Other professional services..... | | | |
| 11. Outside referrals..... | | | |
| 12. Emergency room and out-of-area..... | | | |
| 13. Prescription drugs..... | | | |
| 14. Aggregate write-ins for other hospital and medical..... | | | |
| 15. Incentive pool, withhold adjustments and bonus amounts..... | | | |
| 16. Subtotal (Lines 9 to 15)..... | | | |
| Less: | | | |
| 17. Net reinsurance recoveries..... | | | |
| 18. Total hospital and medical (Lines 16 minus 17)..... | | | |
| 19. Non-health claims (net)..... | | | |
| 20. Claims adjustment expenses, including \$..... cost containment expenses..... | | | |
| 21. General administrative expenses..... | | 5,874 | 5,878 |
| 22. Increase in reserves for life and accident and health contracts (including \$..... increase in reserves for life only)..... | | | |
| 23. Total underwriting deductions (Lines 18 through 22)..... | | 5,874 | 5,878 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23)..... | XXX | (5,874) | (5,878) |
| 25. Net investment income earned (Exhibit of Net Investment Income, Line 17)..... | | 117,789 | 140,499 |
| 26. Net realized capital gains (losses) less capital gains tax of \$..... | | | |
| 27. Net investment gains (losses) (Lines 25 plus 26)..... | | 117,789 | 140,499 |
| 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..... | | | |
| 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 | 111,915 | 134,621 |
| 31. Federal and foreign income taxes incurred..... | XXX | 24,000 | 29,000 |
| 32. Net income (loss) (Lines 30 minus 31)..... | XXX | 87,915 | 105,621 |
| Details of Write-Ins | | | |
| 0601..... | XXX | | |
| 0602..... | XXX | | |
| 0603..... | XXX | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page..... | XXX | | |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)..... | XXX | | |
| 0701..... | XXX | | |
| 0702..... | XXX | | |
| 0703..... | XXX | | |
| 0798. Summary of remaining write-ins for Line 7 from overflow page..... | XXX | | |
| 0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)..... | XXX | | |
| 1401..... | | | |
| 1402..... | | | |
| 1403..... | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page..... | | | |
| 1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)..... | | | |
| 2901..... | | | |
| 2902..... | | | |
| 2903..... | | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page..... | | | |
| 2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)..... | | | |

STATEMENT OF REVENUE AND EXPENSES (CONTINUED)

| | | 1 | 2 |
|-----------------------------|-----------------------------------------------------------------------------------|--------------|------------|
| CAPITAL & SURPLUS ACCOUNT | | Current Year | Prior Year |
| 33. | Capital and surplus prior reporting year..... | 2,686,466 | 2,580,845 |
| 34. | Net income or (loss) from Line 32..... | 87,915 | 105,621 |
| 35. | Change in valuation basis of aggregate policy and claim reserves..... | | |
| 36. | Change in net unrealized capital gains (losses) less capital gains tax of \$..... | | |
| 37. | Change in net unrealized foreign exchange capital gain or (loss)..... | | |
| 38. | Change in net deferred income tax..... | | |
| 39. | Change in nonadmitted assets..... | | |
| 40. | Change in unauthorized and certified reinsurance..... | | |
| 41. | Change in treasury stock..... | | |
| 42. | Change in surplus notes..... | | |
| 43. | Cumulative effect of changes in accounting principles..... | | |
| 44. | Capital Changes: | | |
| 44.1 | Paid in..... | | |
| 44.2 | Transferred from surplus (stock dividend)..... | | |
| 44.3 | Transferred to surplus..... | | |
| 45. | Surplus adjustments: | | |
| 45.1 | Paid in..... | | |
| 45.2 | Transferred to capital (stock dividend)..... | | |
| 45.3 | Transferred from capital..... | | |
| 46. | Dividends to stockholders..... | | |
| 47. | Aggregate write-ins for gains or (losses) in surplus..... | | |
| 48. | Net change in capital and surplus (Lines 34 to 47)..... | 87,915 | 105,621 |
| 49. | Capital and surplus end of reporting year (Line 33 plus 48)..... | 2,774,381 | 2,686,466 |
| Details of Write-Ins | | | |
| 4701. | | | |
| 4702. | | | |
| 4703. | | | |
| 4798. | Summary of remaining write-ins for Line 47 from overflow page..... | | |
| 4799. | Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)..... | | |

CASH FLOW

| | 1 | 2 |
|----------------------------------------------------------------------------------------------------------------|--------------|------------|
| | Current Year | Prior Year |
| Cash from Operations | | |
| 1. Premiums collected net of reinsurance..... | | |
| 2. Net investment income..... | 117,789 | 140,499 |
| 3. Miscellaneous income..... | | |
| 4. Total (Lines 1 to 3)..... | 117,789 | 140,499 |
| 5. Benefit and loss related payments..... | | |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions..... | 5,874 | 5,878 |
| 8. Dividends paid to policyholders..... | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)..... | 29,000 | 29,000 |
| 10. Total (Lines 5 through 9)..... | 34,874 | 34,878 |
| 11. Net cash from operations (Line 4 minus Line 10)..... | 82,915 | 105,621 |
| Cash from Investments | | |
| 12. Proceeds from investments sold, matured or repaid: | | |
| 12.1 Bonds..... | | |
| 12.2 Stocks..... | | |
| 12.3 Mortgage loans..... | | |
| 12.4 Real estate..... | | |
| 12.5 Other invested assets..... | | |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments..... | | |
| 12.7 Miscellaneous proceeds..... | - | |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7)..... | - | |
| 13. Cost of investments acquired (long-term only exclude cash equivalents and short-term investments): | | |
| 13.1 Bonds..... | | |
| 13.2 Stocks..... | | |
| 13.3 Mortgage loans..... | | |
| 13.4 Real estate..... | | |
| 13.5 Other invested assets..... | | |
| 13.6 Miscellaneous applications..... | - | |
| 13.7 Total investments acquired (Lines 13.1 to 13.6)..... | - | |
| 14. Net increase / (decrease) in contract loans and premium notes..... | | |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)..... | - | |
| Cash from Financing and Miscellaneous Sources | | |
| 16. Cash provided (applied): | | |
| 16.1 Surplus notes, capital notes..... | | |
| 16.2 Capital and paid in surplus, less treasury stock..... | - | |
| 16.3 Borrowed funds..... | | |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities..... | | |
| 16.5 Dividends to stockholders..... | | |
| 16.6 Other cash provided (applied)..... | (800) | |
| 17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)..... | (800) | |
| Reconciliation of Cash, Cash Equivalents and Short-Term Investments | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)..... | 82,115 | 105,621 |
| 19. Cash, cash equivalents and short-term investments: | | |
| 19.1 Beginning of year..... | 2,715,466 | 2,609,845 |
| 19.2 End of year (Line 18 plus Line 19.1)..... | 2,797,581 | 2,715,466 |

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

| | | |
|--------------|--|--|
| 20.0001..... | | |
|--------------|--|--|

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefits Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Credit A&H | 11 Disability Income | 12 Long-Term Care | 13 Other Health | 14 Other Non-Health |
|----------------------------------------------------------------------------|------------|------------------------------------|------------|--------------------------|------------------|------------------|---------------------------------------------|---------------------------|-------------------------|------------------|-------------------------|----------------------|--------------------|------------------------|
| | | 2 Individual | 3 Group | | | | | | | | | | | |
| 1. Net premium income | | | | | | | | | | | | | | |
| 2. Change in unearned premium reserves and reserve for rate credit | | | | | | | | | | | | | | |
| 3. Fee-for-service (net of \$..... medical expenses) | | | | | | | | | | | | | | XXX |
| 4. Risk revenue | | | | | | | | | | | | | | XXX |
| 5. Aggregate write-ins for other health care related revenues | | | | | | | | | | | | | | XXX |
| 6. Aggregate write-ins for other non-health care related revenues | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 7. Total revenues (Lines 1 to 6) | | | | | | | | | | | | | | |
| 8. Hospital/medical benefits | | | | | | | | | | | | | | XXX |
| 9. Other professional services | | | | | | | | | | | | | | XXX |
| 10. Outside referrals | | | | | | | | | | | | | | XXX |
| 11. Emergency room and out-of-area | | | | | | | | | | | | | | XXX |
| 12. Prescription drugs | | | | | | | | | | | | | | XXX |
| 13. Aggregate write-ins for other hospital and medical | | | | | | | | | | | | | | XXX |
| 14. Incentive pool, withhold adjustments and bonus amounts | | | | | | | | | | | | | | XXX |
| 15. Subtotal (Lines 8 to 14) | | | | | | | | | | | | | | XXX |
| 16. Net reinsurance recoveries | | | | | | | | | | | | | | XXX |
| 17. Total hospital and medical (Lines 15 minus 16) | | | | | | | | | | | | | | XXX |
| 18. Non-health claims (net) | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 19. Claims adjustment expenses including \$..... cost containment expenses | | | | | | | | | | | | | | |
| 20. General administrative expenses | 5,874 | 5,874 | | | | | | | | | | | | |
| 21. Increase in reserves for accident and health contracts | | | | | | | | | | | | | | XXX |
| 22. Increase in reserves for life contracts | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 23. Total underwriting deductions (Lines 17 to 22) | 5,874 | 5,874 | | | | | | | | | | | | |
| 24. Net underwriting gain or (loss) (Line 7 minus Line 23) | (5,874) | (5,874) | | | | | | | | | | | | |
| Details of Write-Ins | | | | | | | | | | | | | | |
| 0501. | | | | | | | | | | | | | | XXX |
| 0502. | | | | | | | | | | | | | | XXX |
| 0503. | | | | | | | | | | | | | | XXX |
| 0598. Summary of remaining write-ins for Line 5 from overflow page | | | | | | | | | | | | | | XXX |
| 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) | | | | | | | | | | | | | | XXX |
| 0601. | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 0602. | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 0603. | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 1301. | | | | | | | | | | | | | | XXX |
| 1302. | | | | | | | | | | | | | | XXX |
| 1303. | | | | | | | | | | | | | | XXX |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | | | | | | | | | | | | | XXX |
| 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | | | | | | | | | | | | | | XXX |

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 – PREMIUMS

| Line of Business | | 1 Direct Business | 2 Reinsurance Assumed | 3 Reinsurance Ceded | 4 Net Premium Income (Cols. 1+2-3) | |
|------------------|------------------------------------------------------|----------------------|--------------------------|------------------------|------------------------------------------|--|
| 1. | Comprehensive (hospital and medical) individual..... | NONE | | | | |
| 2. | Comprehensive (hospital and medical) group..... | | | | | |
| 3. | Medicare supplement..... | | | | | |
| 4. | Vision only..... | | | | | |
| 5. | Dental only..... | | | | | |
| 6. | Federal employees health benefits plan..... | | | | | |
| 7. | Title XVIII – Medicare..... | | | | | |
| 8. | Title XIX – Medicaid..... | | | | | |
| 9. | Credit A&H..... | | | | | |
| 10. | Disability income..... | | | | | |
| 11. | Long-term care..... | | | | | |
| 12. | Other health..... | | | | | |
| 13. | Health subtotal (Lines 1 through 12)..... | | | | | |
| 14. | Life..... | | | | | |
| 15. | Property/casualty..... | | | | | |
| 16. | Totals (Lines 13 to 15)..... | | | | | |

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

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

NONE

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A – CLAIMS LIABILITY END OF CURRENT YEAR

| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefits Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Credit A&H | 11 Disability Income | 12 Long-Term Care | 13 Other Health | 14 Other Non-Health |
|-------------------------------------------------------|------------|------------------------------------|------------|--------------------------|------------------|------------------|---------------------------------------------|---------------------------|-------------------------|------------------|-------------------------|----------------------|--------------------|------------------------|
| | | 2 Individual | 3 Group | | | | | | | | | | | |
| 1. Reported in Process of Adjustment: | | | | | | | | | | | | | | |
| 1.1 Direct | | | | | | | | | | | | | | |
| 1.2 Reinsurance assumed | | | | | | | | | | | | | | |
| 1.3 Reinsurance ceded | | | | | | | | | | | | | | |
| 1.4 Net | | | | | | | | | | | | | | |
| 2. Incurred but Unreported: | | | | | | | | | | | | | | |
| 2.1 Direct | | | | | | | | | | | | | | |
| 2.2 Reinsurance assumed | | | | | | | | | | | | | | |
| 2.3 Reinsurance ceded | | | | | | | | | | | | | | |
| 2.4 Net | | | | | | | | | | | | | | |
| 3. Amounts Withheld from Paid Claims and Capitations: | | | | | | | | | | | | | | |
| 3.1 Direct | | | | | | | | | | | | | | |
| 3.2 Reinsurance assumed | | | | | | | | | | | | | | |
| 3.3 Reinsurance ceded | | | | | | | | | | | | | | |
| 3.4 Net | | | | | | | | | | | | | | |
| 4. TOTALS: | | | | | | | | | | | | | | |
| 4.1 Direct | | | | | | | | | | | | | | |
| 4.2 Reinsurance assumed | | | | | | | | | | | | | | |
| 4.3 Reinsurance ceded | | | | | | | | | | | | | | |
| 4.4 Net | | | | | | | | | | | | | | |

NONE

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

NONE

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

UNDERWRITING AND INVESTMENT EXHIBIT
 PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)
GRAND TOTAL

Section A – Paid Health Claims

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2021 | 2 2022 | 3 2023 | 4 2024 | 5 2025 |
| 1. Prior..... | | | | | |
| 2. 2021..... | | | | | |
| 3. 2022..... | XXX | | | | |
| 4. 2023..... | XXX | XXX | | | |
| 5. 2024..... | XXX | XXX | XXX | | |
| 6. 2025..... | XXX | XXX | XXX | XXX | |

Section B – Incurred Health Claims

| 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 2021 | 2 2022 | 3 2023 | 4 2024 | 5 2025 |
| 1. Prior..... | | | | | |
| 2. 2021..... | | | | | |
| 3. 2022..... | XXX | | | | |
| 4. 2023..... | XXX | XXX | | | |
| 5. 2024..... | XXX | XXX | XXX | | |
| 6. 2025..... | XXX | XXX | XXX | XXX | |

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

| Years in which Premiums were Earned and Claims were Incurred | 1 Premiums Earned | 2 Claims Payments | 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. 2021..... | | | | | | | | | | |
| 2. 2022..... | | | | | | | | | | |
| 3. 2023..... | | | | | | | | | | |
| 4. 2024..... | | | | | | | | | | |
| 5. 2025..... | | | | | | | | | | |

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UNDERWRITING AND INVESTMENT EXHIBIT
 PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)
HOSPITAL & MEDICAL

Section A – Paid Health Claims

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2021 | 2 2022 | 3 2023 | 4 2024 | 5 2025 |
| 1. Prior..... | | | | | |
| 2. 2021..... | | | | | |
| 3. 2022..... | XXX | | | | |
| 4. 2023..... | XXX | XXX | | | |
| 5. 2024..... | XXX | XXX | XXX | | |
| 6. 2025..... | XXX | XXX | XXX | XXX | |

Section B – Incurred Health Claims

| 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 2021 | 2 2022 | 3 2023 | 4 2024 | 5 2025 |
| 1. Prior..... | | | | | |
| 2. 2021..... | | | | | |
| 3. 2022..... | XXX | | | | |
| 4. 2023..... | XXX | XXX | | | |
| 5. 2024..... | XXX | XXX | XXX | | |
| 6. 2025..... | XXX | XXX | XXX | XXX | |

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

| Years in which Premiums were Earned and Claims were Incurred | 1 Premiums Earned | 2 Claims Payments | 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. 2021..... | | | | | | | | | | |
| 2. 2022..... | | | | | | | | | | |
| 3. 2023..... | | | | | | | | | | |
| 4. 2024..... | | | | | | | | | | |
| 5. 2025..... | | | | | | | | | | |

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UNDERWRITING AND INVESTMENT EXHIBIT
 PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)
MEDICARE SUPPLEMENT

Section A – Paid Health Claims

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2021 | 2 2022 | 3 2023 | 4 2024 | 5 2025 |
| 1. Prior..... | | | | | |
| 2. 2021..... | | | | | |
| 3. 2022..... | XXX | | | | |
| 4. 2023..... | XXX | XXX | | | |
| 5. 2024..... | XXX | XXX | XXX | | |
| 6. 2025..... | XXX | XXX | XXX | XXX | |

Section B – Incurred Health Claims

| 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 2021 | 2 2022 | 3 2023 | 4 2024 | 5 2025 |
| 1. Prior..... | | | | | |
| 2. 2021..... | | | | | |
| 3. 2022..... | XXX | | | | |
| 4. 2023..... | XXX | XXX | | | |
| 5. 2024..... | XXX | XXX | XXX | | |
| 6. 2025..... | XXX | XXX | XXX | XXX | |

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

| Years in which Premiums were Earned and Claims were Incurred | 1 Premiums Earned | 2 Claims Payments | 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. 2021..... | | | | | | | | | | |
| 2. 2022..... | | | | | | | | | | |
| 3. 2023..... | | | | | | | | | | |
| 4. 2024..... | | | | | | | | | | |
| 5. 2025..... | | | | | | | | | | |

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UNDERWRITING AND INVESTMENT EXHIBIT
 PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)
DENTAL ONLY

Section A – Paid Health Claims

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2021 | 2 2022 | 3 2023 | 4 2024 | 5 2025 |
| 1. Prior..... | | | | | |
| 2. 2021..... | | | | | |
| 3. 2022..... | XXX | | | | |
| 4. 2023..... | XXX | XXX | | | |
| 5. 2024..... | XXX | XXX | XXX | | |
| 6. 2025..... | XXX | XXX | XXX | XXX | |

Section B – Incurred Health Claims

| 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 2021 | 2 2022 | 3 2023 | 4 2024 | 5 2025 |
| 1. Prior..... | | | | | |
| 2. 2021..... | | | | | |
| 3. 2022..... | XXX | | | | |
| 4. 2023..... | XXX | XXX | | | |
| 5. 2024..... | XXX | XXX | XXX | | |
| 6. 2025..... | XXX | XXX | XXX | XXX | |

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

| Years in which Premiums were Earned and Claims were Incurred | 1 Premiums Earned | 2 Claims Payments | 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. 2021..... | | | | | | | | | | |
| 2. 2022..... | | | | | | | | | | |
| 3. 2023..... | | | | | | | | | | |
| 4. 2024..... | | | | | | | | | | |
| 5. 2025..... | | | | | | | | | | |

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UNDERWRITING AND INVESTMENT EXHIBIT
 PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)
VISION ONLY

Section A – Paid Health Claims

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2021 | 2 2022 | 3 2023 | 4 2024 | 5 2025 |
| 1. Prior..... | | | | | |
| 2. 2021..... | | | | | |
| 3. 2022..... | XXX | | | | |
| 4. 2023..... | XXX | XXX | | | |
| 5. 2024..... | XXX | XXX | XXX | | |
| 6. 2025..... | XXX | XXX | XXX | XXX | |

Section B – Incurred Health Claims

| 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 2021 | 2 2022 | 3 2023 | 4 2024 | 5 2025 |
| 1. Prior..... | | | | | |
| 2. 2021..... | | | | | |
| 3. 2022..... | XXX | | | | |
| 4. 2023..... | XXX | XXX | | | |
| 5. 2024..... | XXX | XXX | XXX | | |
| 6. 2025..... | XXX | XXX | XXX | XXX | |

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

| Years in which Premiums were Earned and Claims were Incurred | 1 Premiums Earned | 2 Claims Payments | 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. 2021..... | | | | | | | | | | |
| 2. 2022..... | | | | | | | | | | |
| 3. 2023..... | | | | | | | | | | |
| 4. 2024..... | | | | | | | | | | |
| 5. 2025..... | | | | | | | | | | |

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UNDERWRITING AND INVESTMENT EXHIBIT
 PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)

FEDERAL EMPLOYEES HEALTH BENEFITS PLAN

Section A – Paid Health Claims

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2021 | 2 2022 | 3 2023 | 4 2024 | 5 2025 |
| 1. Prior..... | | | | | |
| 2. 2021..... | | | | | |
| 3. 2022..... | XXX | | | | |
| 4. 2023..... | XXX | XXX | | | |
| 5. 2024..... | XXX | XXX | XXX | | |
| 6. 2025..... | XXX | XXX | XXX | XXX | |

Section B – Incurred Health Claims

| 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 2021 | 2 2022 | 3 2023 | 4 2024 | 5 2025 |
| 1. Prior..... | | | | | |
| 2. 2021..... | | | | | |
| 3. 2022..... | XXX | | | | |
| 4. 2023..... | XXX | XXX | | | |
| 5. 2024..... | XXX | XXX | XXX | | |
| 6. 2025..... | XXX | XXX | XXX | XXX | |

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

| Years in which Premiums were Earned and Claims were Incurred | 1 Premiums Earned | 2 Claims Payments | 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. 2021..... | | | | | | | | | | |
| 2. 2022..... | | | | | | | | | | |
| 3. 2023..... | | | | | | | | | | |
| 4. 2024..... | | | | | | | | | | |
| 5. 2025..... | | | | | | | | | | |

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UNDERWRITING AND INVESTMENT EXHIBIT
 PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)
TITLE XVIII MEDICARE

Section A – Paid Health Claims

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2021 | 2 2022 | 3 2023 | 4 2024 | 5 2025 |
| 1. Prior..... | | | | | |
| 2. 2021..... | | | | | |
| 3. 2022..... | XXX | | | | |
| 4. 2023..... | XXX | XXX | | | |
| 5. 2024..... | XXX | XXX | XXX | | |
| 6. 2025..... | XXX | XXX | XXX | XXX | |

Section B – Incurred Health Claims

| 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 2021 | 2 2022 | 3 2023 | 4 2024 | 5 2025 |
| 1. Prior..... | | | | | |
| 2. 2021..... | | | | | |
| 3. 2022..... | XXX | | | | |
| 4. 2023..... | XXX | XXX | | | |
| 5. 2024..... | XXX | XXX | XXX | | |
| 6. 2025..... | XXX | XXX | XXX | XXX | |

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

| Years in which Premiums were Earned and Claims were Incurred | 1 Premiums Earned | 2 Claims Payments | 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. 2021..... | | | | | | | | | | |
| 2. 2022..... | | | | | | | | | | |
| 3. 2023..... | | | | | | | | | | |
| 4. 2024..... | | | | | | | | | | |
| 5. 2025..... | | | | | | | | | | |

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UNDERWRITING AND INVESTMENT EXHIBIT
 PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)
TITLE XIX MEDICAID

Section A – Paid Health Claims

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2021 | 2 2022 | 3 2023 | 4 2024 | 5 2025 |
| 1. Prior..... | | | | | |
| 2. 2021..... | | | | | |
| 3. 2022..... | XXX | | | | |
| 4. 2023..... | XXX | XXX | | | |
| 5. 2024..... | XXX | XXX | XXX | | |
| 6. 2025..... | XXX | XXX | XXX | XXX | |

Section B – Incurred Health Claims

| 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 2021 | 2 2022 | 3 2023 | 4 2024 | 5 2025 |
| 1. Prior..... | | | | | |
| 2. 2021..... | | | | | |
| 3. 2022..... | XXX | | | | |
| 4. 2023..... | XXX | XXX | | | |
| 5. 2024..... | XXX | XXX | XXX | | |
| 6. 2025..... | XXX | XXX | XXX | XXX | |

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

| Years in which Premiums were Earned and Claims were Incurred | 1 Premiums Earned | 2 Claims Payments | 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. 2021..... | | | | | | | | | | |
| 2. 2022..... | | | | | | | | | | |
| 3. 2023..... | | | | | | | | | | |
| 4. 2024..... | | | | | | | | | | |
| 5. 2025..... | | | | | | | | | | |

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UNDERWRITING AND INVESTMENT EXHIBIT
 PART 2C – DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (\$000 Omitted)
OTHER HEALTH

Section A – Paid Health Claims

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid | | | | |
|------------------------------------|-----------------------------|-----------|-----------|-----------|-----------|
| | 1 2021 | 2 2022 | 3 2023 | 4 2024 | 5 2025 |
| 1. Prior..... | | | | | |
| 2. 2021..... | | | | | |
| 3. 2022..... | XXX | | | | |
| 4. 2023..... | XXX | XXX | | | |
| 5. 2024..... | XXX | XXX | XXX | | |
| 6. 2025..... | XXX | XXX | XXX | XXX | |

Section B – Incurred Health Claims

| 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 2021 | 2 2022 | 3 2023 | 4 2024 | 5 2025 |
| 1. Prior..... | | | | | |
| 2. 2021..... | | | | | |
| 3. 2022..... | XXX | | | | |
| 4. 2023..... | XXX | XXX | | | |
| 5. 2024..... | XXX | XXX | XXX | | |
| 6. 2025..... | XXX | XXX | XXX | XXX | |

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio

| Years in which Premiums were Earned and Claims were Incurred | 1 Premiums Earned | 2 Claims Payments | 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. 2021..... | | | | | | | | | | |
| 2. 2022..... | | | | | | | | | | |
| 3. 2023..... | | | | | | | | | | |
| 4. 2024..... | | | | | | | | | | |
| 5. 2025..... | | | | | | | | | | |

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UNDERWRITING AND INVESTMENT EXHIBIT

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

| | 1 | 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 |
| 1. Unearned premium reserves | | | | | | | | | | | | | |
| 2. Additional policy reserves (a) | | | | | | | | | | | | | |
| 3. Reserve for future contingent benefits | | | | | | | | | | | | | |
| 4. Reserve for rate credits or experience rating refunds (including \$..... for investment income) | | | | | | | | | | | | | |
| 5. Aggregate write-ins for other policy reserves | | | | | | | | | | | | | |
| 6. Totals (gross) | | | | | | | | | | | | | |
| 7. Reinsurance ceded | | | | | | | | | | | | | |
| 8. Totals (Net) (Page 3, Line 4) | | | | | | | | | | | | | |
| 9. Present value of amounts not yet due on claims | | | | | | | | | | | | | |
| 10. Reserve for future contingent benefits | | | | | | | | | | | | | |
| 11. Aggregate write-ins for other claim reserves | | | | | | | | | | | | | |
| 12. Totals (gross) | | | | | | | | | | | | | |
| 13. Reinsurance ceded | | | | | | | | | | | | | |
| 14. Totals (Net) (Page 3, Line 7) | | | | | | | | | | | | | |
| NONE | | | | | | | | | | | | | |
| Details of Write-Ins | | | | | | | | | | | | | |
| 0501. | | | | | | | | | | | | | |
| 0502. | | | | | | | | | | | | | |
| 0503. | | | | | | | | | | | | | |
| 0598. Summary of remaining write-ins for Line 5 from overflow page | | | | | | | | | | | | | |
| 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) | | | | | | | | | | | | | |
| 1101. | | | | | | | | | | | | | |
| 1102. | | | | | | | | | | | | | |
| 1103. | | | | | | | | | | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | | | | | | | | | | | | | |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) | | | | | | | | | | | | | |

(a) Includes \$ 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)..... | | | | | |
| 2. Salaries, wages and other benefits..... | | | | | |
| 3. Commissions (less \$..... ceded plus \$..... assumed)..... | | | | | |
| 4. Legal fees and expenses..... | | | 327 | | 327 |
| 5. Certifications and accreditation fees..... | | | | | |
| 6. Auditing, actuarial and other consulting services..... | | | | | |
| 7. Traveling expenses..... | | | | | |
| 8. Marketing and advertising..... | | | | | |
| 9. Postage, express and telephone..... | | | | | |
| 10. Printing and office supplies..... | | | | | |
| 11. Occupancy, depreciation and amortization..... | | | | | |
| 12. Equipment..... | | | | | |
| 13. Cost or depreciation of EDP equipment and software..... | | | 4,713 | | 4,713 |
| 14. Outsourced services including EDP, claims, and other services..... | | | 494 | | 494 |
| 15. Boards, bureaus and association fees..... | | | | | |
| 16. Insurance, except on real estate..... | | | | | |
| 17. Collection and bank service charges..... | | | | | |
| 18. Group service and administration fees..... | | | | | |
| 19. Reimbursements by uninsured plans..... | | | | | |
| 20. Reimbursements from fiscal intermediaries..... | | | | | |
| 21. Real estate expenses..... | | | | | |
| 22. Real estate taxes..... | | | | | |
| 23. Taxes, licenses and fees: | | | | | |
| 23.1 State and local insurance taxes..... | | | | | |
| 23.2 State premium taxes..... | | | | | |
| 23.3 Regulatory authority licenses and fees..... | | | 340 | | 340 |
| 23.4 Payroll taxes..... | | | | | |
| 23.5 Other (excluding federal income and real estate taxes)..... | | | | | |
| 24. Investment expenses not included elsewhere..... | | | | | |
| 25. Aggregate write-ins for expenses..... | | | | | |
| 26. Total expenses incurred (Lines 1 to 25)..... | | | 5,874 | | (a) 5,874 |
| 27. Less expenses unpaid December 31, current year..... | | | | | |
| 28. Add expenses unpaid December 31, prior year..... | | | | | |
| 29. Amounts receivable relating to uninsured plans, prior year..... | | | | | |
| 30. Amounts receivable relating to uninsured plans, current year..... | | | | | |
| 31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)..... | | | 5,874 | | 5,874 |
| Details of Write-Ins | | | | | |
| 2501..... | | | | | |
| 2502..... | | | | | |
| 2503..... | | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page..... | | | | | |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)..... | | | | | |

(a) Includes management fees of \$ 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) | |
| 1.1 | Bonds exempt from U.S. tax | (a) | |
| 1.2 | Other bonds (unaffiliated) | (a) | |
| 1.3 | Bonds of affiliates | (a) | |
| 2.1 | Preferred stocks (unaffiliated) | (b) | |
| 2.11 | Preferred stocks of affiliates | (b) | |
| 2.2 | Common stocks (unaffiliated) | | |
| 2.21 | Common stocks of affiliates | | |
| 3. | Mortgage loans | (c) | |
| 4. | Real estate | (d) | |
| 5. | Contract loans | | |
| 6. | Cash, cash equivalents and short-term investments | (e) 117,789 | 117,789 |
| 7. | Derivative instruments | (f) | |
| 8. | Other invested assets | | |
| 9. | Aggregate write-ins for investment income | | |
| 10. | Total gross investment income | 117,789 | 117,789 |
| 11. | Investment expenses | | (g) |
| 12. | Investment taxes, licenses and fees, excluding federal income taxes | | (g) |
| 13. | Interest expense | | (h) |
| 14. | Depreciation on real estate and other invested assets | | (i) |
| 15. | Aggregate write-ins for deductions from investment income | | |
| 16. | Total deductions (Lines 11 through 15) | | |
| 17. | Net investment income (Line 10 minus Line 16) | | 117,789 |
| Details of Write-Ins | | | |
| 0901. | | | |
| 0902. | | | |
| 0903. | | | |
| 0998. | Summary of remaining write-ins for Line 9 from overflow page | | |
| 0999. | Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) | | |
| 1501. | | | |
| 1502. | | | |
| 1503. | | | |
| 1598. | Summary of remaining write-ins for Line 15 from overflow page | | |
| 1599. | Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) | | |

- (a) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.
- (c) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
- (e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (f) Includes \$ accrual of discount less \$ amortization of premium.
- (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
- (i) Includes \$ depreciation on real estate and \$ 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 | | | | | |
| 1.1 | Bonds exempt from U.S. tax | | | | | |
| 1.2 | Other bonds (unaffiliated) | | | | | |
| 1.3 | Bonds of affiliates | | | | | |
| 2.1 | Preferred stocks (unaffiliated) | | | | | |
| 2.11 | Preferred stocks of affiliates | | | | | |
| 2.2 | Common stocks (unaffiliated) | | | | | |
| 2.21 | Common stocks of affiliates | | | | | |
| 3. | Mortgage loans | | | | | |
| 4. | Real estate | | | | | |
| 5. | Contract loans | | | | | |
| 6. | Cash, cash equivalents and short-term investments | | | | | |
| 7. | Derivative instruments | | | | | |
| 8. | Other invested assets | | | | | |
| 9. | Aggregate write-ins for capital gains (losses) | | | | | |
| 10. | Total capital gains (losses) | | | | | |
| NONE | | | | | | |
| Details of Write-Ins | | | | | | |
| 0901. | | | | | | |
| 0902. | | | | | | |
| 0903. | | | | | | |
| 0998. | Summary of remaining write-ins for Line 9 from overflow page | | | | | |
| 0999. | Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) | | | | | |

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

NONE

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..... | | | | | | |
| 2. Provider Service Organizations..... | | | | | | |
| 3. Preferred Provider Organizations..... | | | | | | |
| 4. Point of Service..... | | | | | | |
| 5. Indemnity Only..... | | | | | | |
| 6. Aggregate write-ins for other lines of business..... | | | | | | |
| 7. Total..... | | | | | | |
| Details of Write-Ins | | | | | | |
| 0601..... | | | | | | |
| 0602..... | | | | | | |
| 0603..... | | | | | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page..... | | | | | | |
| 0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)..... | | | | | | |

NONE

Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

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

| | SSAP # | F/S Page | F/S Line # | 2025 | 2024 |
|---------------------------------------------------------------------------------|--------|----------|------------|---------------------|---------------------|
| Net Income | | | | | |
| (1) State basis (Page 4, Line 32, Columns 2 & 3) | XXX | XXX | XXX | \$ 87,915 | \$ 105,621 |
| (2) State prescribed practices that are an increase / (decrease) from NAIC SAP: | | | | | |
| (3) State permitted practices that are an increase / (decrease) from NAIC SAP: | | | | | |
| (4) NAIC SAP (1-2-3=4) | XXX | XXX | XXX | <u>\$ 87,915</u> | <u>\$ 105,621</u> |
| Surplus | | | | | |
| (5) State basis (Page 3, Line 33, Columns 3 & 4) | XXX | XXX | XXX | \$ 2,774,381 | \$ 2,686,466 |
| (6) State prescribed practices that are an increase / (decrease) from NAIC SAP: | | | | | |
| (7) State permitted practices that are an increase / (decrease) from NAIC SAP: | | | | | |
| (8) NAIC SAP (5-6-7=8) | XXX | XXX | XXX | <u>\$ 2,774,381</u> | <u>\$ 2,686,466</u> |

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

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy - Not Applicable

D. Going Concern

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

2. Accounting Changes and Corrections of Errors - Not Applicable

3. Business Combinations and Goodwill - Not Applicable

4. Discontinued Operations - Not Applicable

5. Investments - Not Applicable

6. Joint Ventures, Partnerships and Limited Liability Companies - Not Applicable

7. Investment Income - Not Applicable

8. Derivative Instruments - Not Applicable

9. Income Taxes

A. Components of the net deferred tax asset/(liability) - Not Applicable

B. Regarding deferred tax liabilities that are not recognized - Not Applicable

C. Major components of current income taxes incurred

| Current income taxes incurred consist of the following major components: | (1) 2025 | (2) 2024 | (3) Change (Col 1-2) |
|--------------------------------------------------------------------------|------------------|------------------|----------------------------|
| 1. Current Income Tax | | | |
| (a) Federal | \$ 24,000 | \$ 29,000 | \$ (5,000) |
| (b) Foreign | | | |
| (c) Subtotal (1a+1b) | <u>\$ 24,000</u> | <u>\$ 29,000</u> | <u>\$ (5,000)</u> |
| (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) | <u>\$ 24,000</u> | <u>\$ 29,000</u> | <u>\$ (5,000)</u> |

Notes to the Financial Statements

9. Income Taxes (Continued)

D. Among the more significant book to tax adjustments

| | 2025 | Effective Tax Rate |
|--------------------------------------------|------------------|--------------------|
| Provision computed at statutory rate | \$ 24,000 | 21.000 % |
| Other/Rounding | | |
| Total | \$ 24,000 | 21.000 % |

| | 2025 | Effective Tax Rate |
|-------------------------------------------|------------------|--------------------|
| Federal income taxes incurred | \$ 24,000 | 21.000 % |
| Realized capital gains (losses) tax | | |
| Change in net deferred income taxes | | |
| Total statutory income taxes | \$ 24,000 | 21.000 % |

E. Operating loss and tax credit carryforwards

- (1) Unused loss carryforwards available - Not Applicable
- (2) Income tax expense available for recoupment

The following are income taxes in the current and prior years that will be available for recoupment in the event of future net losses:

| | Ordinary | Capital | Total |
|------------|----------|----------|----------|
| 2023 | \$ | \$ | \$ |
| 2024 | 29,000 | | 29,000 |
| 2025 | 24,000 | | 24,000 |

- (3) Deposits admitted under IRS Code Section 6603 - Not Applicable

F. Consolidated federal income tax return

- (1) The Company's federal income tax return is consolidated with the following entities:

- Wellmark, Inc. (Wellmark) - Parent
- Wellmark of South Dakota, Inc.
- Wellmark Health Plan of Iowa, Inc.
- First Administrators, LLC
- Midwest Benefit Consultants, LLC
- Wellmark Holdings, LLC
- Wellmark Value Health Plan, Inc

- (2) The method of allocation between the companies is subject to a written agreement, approved by the Board of Directors and the Iowa Insurance Division. Allocation is based upon separate return calculations with current credit for net losses.

At December 31, 2025, the Company's tax related balance due to Wellmark, Inc. was \$24,000.

G. Federal or foreign income tax loss contingencies - Not Applicable

H. Repatriation Transition Tax (RTT) - Not Applicable

I. Alternative Minimum Tax (AMT) Credit - Not Applicable

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

A. Nature of Relationships

The Company is wholly owned by its parent company, Wellmark, Inc. (Wellmark), a mutual insurance company domiciled in the state of Iowa (NAIC Company #88848).

B. Detail of Related Party Transactions - Not Applicable

C. Transactions with related party who are not reported on Schedule Y - Not Applicable

D. Amounts Due To or From Related Parties

At December 31, 2025 and 2024, the Company reported amounts due from Wellmark of \$800 and none, respectively. Amounts due are settled monthly.

E. Management Service Contracts and Cost Sharing Arrangements - Not Applicable

F. Guarantees or Contingencies - Not Applicable

G. Nature of Relationships that Could Affect Operations

All outstanding shares of the Company are owned by Wellmark.

Notes to the Financial Statements

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

- H. Amount Deducted for Investment in Upstream Company - Not Applicable
- I. Detail of Investments in Affiliates Greater Than 10% of Admitted Assets - Not Applicable
- J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies - Not Applicable
- K. Foreign Subsidiary Value Using CARVM - Not Applicable
- L. Downstream Holding Company Value Using Look-Through Method - Not Applicable
- M. All SCA Investments - Not Applicable
- N. Investment in Insurance SCAs - Not Applicable
- O. SCA and SSAP No. 48 Entity Loss Tracking - Not Applicable

11. Debt - Not Applicable

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans - Not Applicable

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

A. Outstanding Shares

As of December 31, 2025, the Company had 1,000,000 shares authorized; 10,000 shares issued and outstanding.

B. Dividend Rate of Preferred Stock - Not Applicable

C. Dividend Restrictions

Without prior approval of its domiciliary commissioner, dividends to shareholders are limited to the greater of ten percent of surplus at December 31 of the prior year or net gain from operations for the twelve month period ending December 31 of the prior year.

D. Ordinary Dividends - Not Applicable

E. Company Profits Paid as Ordinary Dividends

Within the limitations of (C) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.

F. Surplus Restrictions - Not Applicable

G. Surplus Advances - Not Applicable

H. Stock Held for Special Purposes - Not Applicable

I. Changes in Special Surplus Funds - Not Applicable

J. Unassigned Funds (Surplus) - Not Applicable

K. Company-Issued Surplus Debentures or Similar Obligations - Not Applicable

L. Impact of Any Restatement Due to Prior Quasi-Reorganizations - Not Applicable

M. Effective Date(s) of Quasi-Reorganizations in the Prior 10 Years - Not Applicable

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

(1) Commitments or contingent commitment(s) to an SCA entity, joint venture, partnership, or limited liability company

The Company is required by licensure requirements of the Blue Cross and Blue Shield Association to execute parental guarantees pursuant to which Wellmark guarantees to the full extent of its assets all contractual and financial obligations of the Company to its customers.

Through a parental guarantee executed between the Company and Wellmark, Wellmark guarantees the Company is in compliance with the Iowa statutory minimum for HMO capital and surplus of \$1,000,000 or the statutory minimum for risk-based capital for health organizations, whichever is greater.

(2) Nature and circumstances of guarantee - Not Applicable

(3) Aggregate compilation of guarantee obligations - Not Applicable

B. Assessments - Not Applicable

C. Gain Contingencies - Not Applicable

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits - Not Applicable

E. Joint and Several Liabilities - Not Applicable

F. All Other Contingencies

In the ordinary course of business, the Company may be involved in and subject to claims, contractual disputes and other uncertainties. Management believes that any liability that could result will not materially affect its financial position.

15. Leases - Not Applicable

Notes to the Financial Statements

16. **Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk** - Not Applicable
17. **Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities** - Not Applicable
18. **Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans** - Not Applicable
19. **Direct Premium Written/Produced by Managing General Agents/Third Party Administrators** - Not Applicable
20. **Fair Value Measurements** - Not Applicable
21. **Other Items** - Not Applicable
22. **Events Subsequent**
 - Type I – Recognized Subsequent Events

Subsequent events have been considered through February 25, 2026 for the statutory statement issued on March 1, 2026.
 - Type II – Nonrecognized Subsequent Events

Subsequent events have been considered through February 25, 2026 for the statutory statement issued on March 1, 2026.
23. **Reinsurance** - Not Applicable
24. **Retrospectively Rated Contracts & Contracts Subject to Redetermination** - Not Applicable
25. **Change in Incurred Claims and Claim Adjustment Expenses** - Not Applicable
26. **Intercompany Pooling Arrangements** - Not Applicable
27. **Structured Settlements** - Not Applicable
28. **Health Care Receivables** - Not Applicable
29. **Participating Policies** - Not Applicable
30. **Premium Deficiency Reserves** - Not Applicable
31. **Anticipated Salvage and Subrogation** - Not Applicable

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1. Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?..... YES
If yes, complete Schedule Y, Parts 1, 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
- 1.3. State Regulating?..... IOWA
- 1.4. Is the reporting entity publicly traded or a member of a publicly traded group?..... NO
- 1.5. If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.....
- 2.1. Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?..... NO
- 2.2. If yes, date of change:.....
- 3.1. 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..... 12/31/2021
- 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)..... 03/20/2023
- 3.4. By what department or departments?
IOWA INSURANCE DIVISION
- 3.5. Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?..... N/A
- 3.6. Have all of the recommendations within the latest financial examination report been complied with?..... N/A
- 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?..... NO
- 4.12. renewals?..... NO
- 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?..... NO
- 4.22. renewals?..... NO
- 5.1. Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?..... NO
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 | 2 | 3 |
|----------------|-------------------|-------------------|
| Name of Entity | NAIC Company Code | 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?..... NO
- 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?..... NO
- 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 | 2 |
|-------------|----------------|
| Nationality | Type of Entity |
| | |
- 8.1. Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board?..... NO
- 8.2. If 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?..... NO
- 8.4. If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

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

- 8.5. Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company?..... NO.....
- 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?..... NO.....
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
NOT APPLICABLE. THE COMPANY HAS \$0 IN WRITTEN PREMIUMS AND IS IN RUN-OFF.
- 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?..... NO.....
- 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?..... NO.....
- 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.....
- 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?
NOT APPLICABLE. THE COMPANY HAS RECEIVED AN EXCEPTION TO FILE THE ACTUARIAL OPINION FROM THE IOWA INSURANCE DIVISION.
- 12.1. Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?..... NO.....
- 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?.....
- 13.3. Have there been any changes made to any of the trust indentures during the year?.....
- 13.4. If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?.....
- 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.....
- 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?..... NO.....
- 14.21. If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3. Have any provisions of the code of ethics been waived for any of the specified officers?..... NO.....
- 14.31. If the response to 14.3 is yes, provide the nature of any waiver(s).
- 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?..... NO.....
- 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.

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

| 1 | 2 | 3 | 4 |
|---------------------------------------------------|---------------------------------|-----------------------------------------------------|--------|
| American Bankers Association (ABA) Routing Number | Issuing or Confirming Bank Name | Circumstances That Can Trigger the Letter of Credit | 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
- 17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? YES
- 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

FINANCIAL

- 19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? NO
- 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? NO
- 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? NO
- 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
- 23.2. If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 800
- 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? NO
- 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.

| 1 | 2 |
|---------------------|---------------------------------------------------|
| 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
- 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? N/A
- 25.07. Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? N/A
- 25.08. Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? N/A

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

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

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)..... NO

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?..... NO

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

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?.....

27.4. If the response to 27.3 is YES, does the reporting entity utilize:
 27.41 Special accounting provision of SSAP No. 108.....
 27.42 Permitted accounting practice.....
 27.43 Other accounting guidance.....

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:
 • 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?..... NO

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*?..... 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 |
|--------------------------------------------------|--------------------------|
| THE COMPANY ONLY HELD CASH AS OF 12/31/2025..... | |

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?..... NO

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

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

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

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

| 1 Name of Firm or Individual | 2 Affiliation |
|---------------------------------|------------------|
| WELLMARK, INC. | |

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?..... NO.....

29.0598. For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity’s invested assets?..... NO.....

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

| 1 Central Registration Depository Number | 2 Name of Firm or Individual | 3 Registered With | 4 Investment Management Agreement (IMA) Filed |
|---------------------------------------------|---------------------------------|----------------------|--------------------------------------------------|
| | | | |

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)])?..... NO.....

30.2. If yes, complete the following schedule:

| 1 CUSIP # | 2 Name of Mutual Fund | 3 Book/Adjusted Carrying Value |
|---------------|--------------------------|-----------------------------------|
| 30.2999 TOTAL | | \$..... |

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 |
|---------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------|
| | | \$..... | |

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 Statement (Admitted) Value | 2 Fair Value | 3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+) |
|--------------------------------------|---------------------------------|-----------------|--------------------------------------------------------------------------------|
| 31.1. Issuer Credit Obligations..... | \$..... | \$..... | \$..... |
| 31.2. Asset-Backed Securities..... | \$..... | \$..... | \$..... |
| 31.3. Preferred Stocks..... | \$..... | \$..... | \$..... |
| 31.4. Totals..... | \$..... | \$..... | \$..... |

31.5. Describe the sources or methods utilized in determining the fair values:

NOT APPLICABLE.

32.1. Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?.....

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?.....

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

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

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?..... NO.....

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:
 a. The security was either:
 i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
 ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons (“waived submission PLR securities”).
 b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

- c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
- d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual?..... NO.....

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?..... NO.....

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?..... N/A.....

38.1. Does the reporting entity directly hold cryptocurrencies?..... NO.....

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?..... NO.....

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.....

39.22 Immediately converted to U.S. dollars.....

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?..... \$..... -

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?..... \$..... 327

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 |
|---------------------|------------------|
| CT CORPORATION..... | \$..... 327 |

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

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?..... NO
- 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..... \$
- 1.6 Individual policies:
 - Most current three years:
 - 1.61 Total premium earned..... \$
 - 1.62 Total incurred claims..... \$
 - 1.63 Number of covered lives.....
 - All years prior to most current three years:
 - 1.64 Total premium earned..... \$
 - 1.65 Total incurred claims..... \$
 - 1.66 Number of covered lives.....
- 1.7 Group policies:
 - Most current three years:
 - 1.71 Total premium earned..... \$
 - 1.72 Total incurred claims..... \$
 - 1.73 Number of covered lives.....
 - All years prior to most current three years:
 - 1.74 Total premium earned..... \$
 - 1.75 Total incurred claims..... \$
 - 1.76 Number of covered lives.....

2. Health Test:

| | 1 | 2 |
|----------------------------------|--------------|------------|
| | Current Year | Prior Year |
| 2.1 Premium Numerator..... | \$..... | \$..... |
| 2.2 Premium Denominator..... | \$..... | \$..... |
| 2.3 Premium Ratio (2.1/2.2)..... |% |% |
| 2.4 Reserve Numerator..... | \$..... | \$..... |
| 2.5 Reserve Denominator..... | \$..... | \$..... |
| 2.6 Reserve Ratio (2.4/2.5)..... |% |% |

- 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?..... NO
- 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?..... NO
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?..... NO
- 5.1 Does the reporting entity have stop-loss reinsurance?..... NO
- 5.2 If no, explain:
AS OF JANUARY 1, 2019, THE COMPANY NO LONGER OFFERED CONTRACTS FOR COVERED HEALTH CARE SERVICES.
- 5.3 Maximum retained risk (see instructions)
 - 5.31 Comprehensive Medical..... \$
 - 5.32 Medical Only..... \$
 - 5.33 Medicare Supplement..... \$
 - 5.34 Dental and 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:
AS OF JANUARY 1, 2019, THE COMPANY NO LONGER OFFERED CONTRACTS FOR COVERED HEALTH CARE SERVICES.
- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?..... NO
- 7.2 If no, give details
AS OF JANUARY 1, 2019, THE COMPANY NO LONGER OFFERED CONTRACTS FOR COVERED HEALTH CARE SERVICES.
- 8. Provide the following information regarding participating providers:
 - 8.1 Number of providers at start of reporting year.....
 - 8.2 Number of providers at end of reporting year.....
- 9.1 Does the reporting entity have business subject to premium rate guarantees?..... NO
- 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
PART 2 - HEALTH INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?..... 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,..... NO
 - 11.13 An Individual Practice Association (IPA), or,..... NO
 - 11.14 A Mixed Model (combination of above)?..... NO
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?..... YES
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus..... IOWA
- 11.4 If yes, show the amount required..... \$ 1,000,000
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity?..... 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..... |

- 13.1 Do you act as a custodian for health savings accounts?..... 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?..... NO
- 13.4 If yes, please provide the balance of the funds administered as of the reporting date..... \$
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?..... 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 guarantee) |
| Universal Life (with or without secondary guarantee) |
| Variable Universal Life (with or without secondary guarantee) |

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

FIVE-YEAR HISTORICAL DATA

| | 1 | 2 | 3 | 4 | 5 |
|-----------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|------------|------------|
| | 2025 | 2024 | 2023 | 2022 | 2021 |
| Balance Sheet (Pages 2 and 3) | | | | | |
| 1. Total admitted assets (Page 2, Line 28) | 2,798,381 | 2,715,466 | 2,609,845 | 13,527,954 | 14,435,186 |
| 2. Total liabilities (Page 3, Line 24) | 24,000 | 29,000 | 29,000 | 57,508 | 2,000 |
| 3. Statutory minimum capital and surplus requirement | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 |
| 4. Total capital and surplus (Page 3, Line 33) | 2,774,381 | 2,686,466 | 2,580,845 | 13,470,446 | 14,433,186 |
| Income Statement (Page 4) | | | | | |
| 5. Total revenues (Line 8) | | | | | |
| 6. Total medical and hospital expenses (Line 18) | | | | 1,106 | (43) |
| 7. Claims adjustment expenses (Line 20) | | | | | |
| 8. Total administrative expenses (Line 21) | 5,874 | 5,878 | 6,995 | 11,194 | 4,918 |
| 9. Net underwriting gain (loss) (Line 24) | (5,874) | (5,878) | (6,995) | (12,300) | (4,875) |
| 10. Net investment gain (loss) (Line 27) | 117,789 | 140,499 | 136,695 | 312,560 | 26,330 |
| 11. Total other income (Lines 28 plus 29) | | | 8,699 | | |
| 12. Net income or (loss) (Line 32) | 87,915 | 105,621 | 109,399 | 237,260 | 16,455 |
| Cash Flow (Page 6) | | | | | |
| 13. Net cash from operations (Line 11) | 82,915 | 105,621 | 82,899 | 291,760 | 18,824 |
| Risk-Based Capital Analysis | | | | | |
| 14. Total adjusted capital | 2,774,381 | 2,686,466 | 2,580,845 | 13,470,446 | 14,433,186 |
| 15. Authorized control level risk-based capital | 4,323 | 4,195 | 4,033 | 863,934 | 22,303 |
| Enrollment (Exhibit 1) | | | | | |
| 16. Total members at end of period (Column 5, Line 7) | | | | | |
| 17. Total members months (Column 6, Line 7) | | | | | |
| Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0 | | | | | |
| 18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) | | 100.0 | 100.0 | 100.0 | 100.0 |
| 19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) | | | | | |
| 20. Cost containment expenses | | | | | |
| 21. Other claims adjustment expenses | | | | | |
| 22. Total underwriting deductions (Line 23) | | | | | |
| 23. Total underwriting gain (loss) (Line 24) | | | | | |
| Unpaid Claims Analysis (U&I Exhibit, Part 2B) | | | | | |
| 24. Total claims incurred for prior years (Line 17, Col. 5) | | | | 1,106 | (43) |
| 25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)] | | | | | |
| Investments in Parent, Subsidiaries and Affiliates | | | | | |
| 26. Affiliated bonds (Sch. D Summary, Line 9 + 15, Col. 1) | | | | | |
| 27. Affiliated preferred stocks (Sch. D Summary, Line 22, Col. 1) | | | | | |
| 28. Affiliated common stocks (Sch. D Summary, Line 28, Col. 1) | | | | | |
| 29. Affiliated mortgage loans on real estate | | | | | |
| 30. All other affiliated | | | | | |
| 31. Total of above lines 26 to 30 | | | | | |
| 32. Total investment in parent included in Lines 26 to 30 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 Corrections of Errors?
If no, please explain

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS
Allocated by States and Territories

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

(a) Active Status Counts

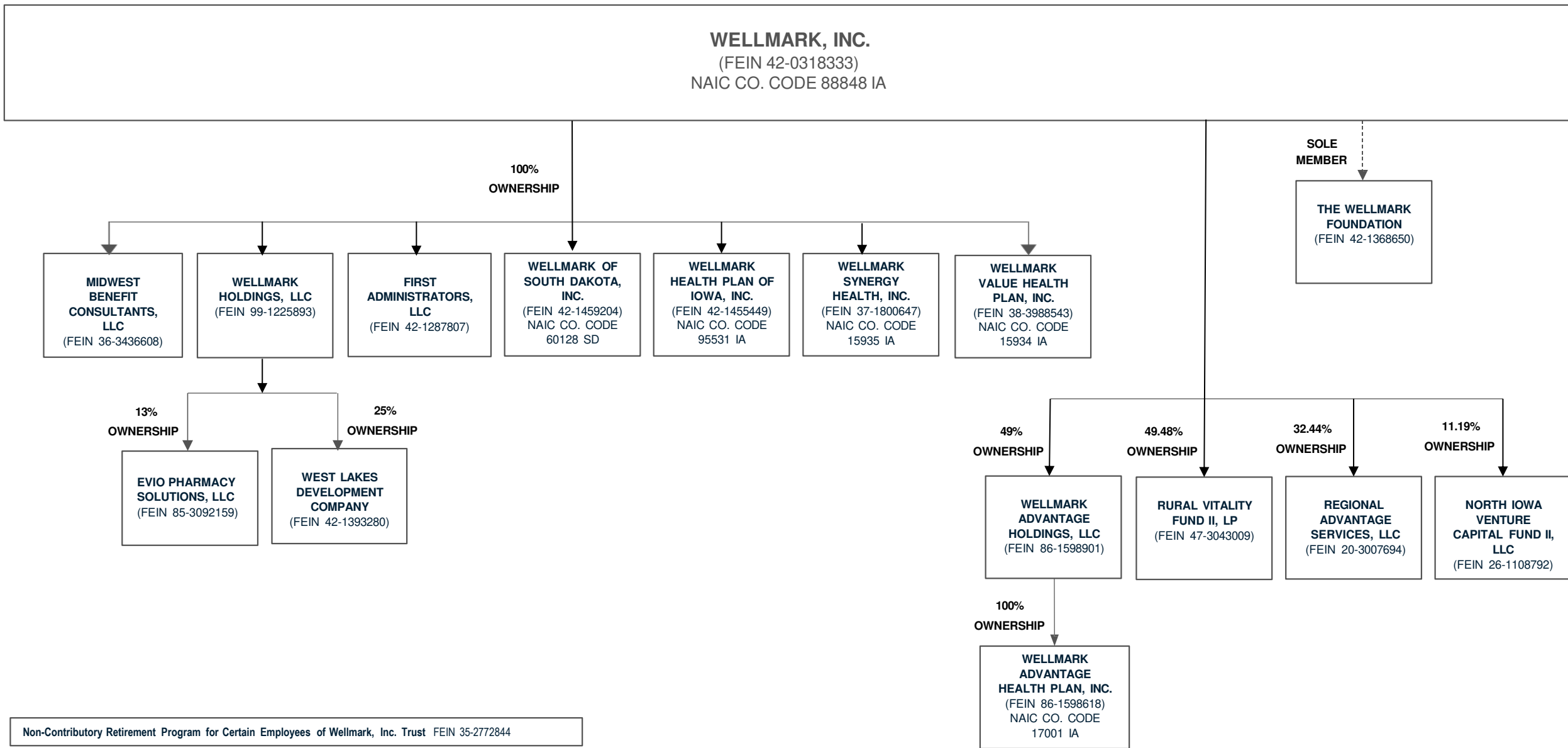
| | | | |
|-----------------------------------------------------------------------------------------------|---|-----------------------------------------------------------------------|----|
| 1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG | 1 | 4. Q - Qualified - Qualified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

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

ACCIDENT AND HEALTH PREMIUMS ARE ALLOCATED ACCORDING TO THE LOCATION OF THE GROUP OR INDIVIDUAL PURCHASER AT THE POINT OF ISSUE.

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

PART 1 – ORGANIZATIONAL CHART



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Non-Contributory Retirement Program for Certain Employees of Wellmark, Inc. Trust FEIN 35-2772844

Wellmark, Inc. Savings and Investment Plan Trust FEIN 42-0318333