



HEALTH ANNUAL STATEMENT

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

APC Passe, LLC

NAIC Group Code 0671 0671 NAIC Company Code 16298 Employer's ID Number 82-3062789
(Current) (Prior)

Organized under the Laws of Arkansas, State of Domicile or Port of Entry AR

Country of Domicile United States of America

Licensed as business type: Other

Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized 06/28/2017 Commenced Business 03/01/2018

Statutory Home Office 650 S. Shackelford Road, Suite 440, Little Rock, AR, US 72211
(Street and Number) (City or Town, State, Country and Zip Code)

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

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

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

Internet Website Address www.elevancehealth.com

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

OFFICERS

President Jason Christopher Miller Treasurer Vincent Edward Scher
Secretary Kathleen Susan Kiefer Assistant Treasurer Eric (Rick) Kenneth Noble

OTHER

Danielle Nicole Bell #, Medical Director

DIRECTORS OR TRUSTEES

State of Indiana SS
County of Marion

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 s/

DocuSigned by:
Jason C. Miller
D2E3B696A75840C...
Jason Christopher Miller
President

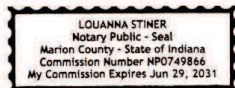
DocuSigned by:
Vincent E. Scher
A85A33722D4143E...
Vincent Edward Scher
Treasurer

Signed by:
Kathly Kiefer
D85175EE05784B1...
Kathleen Susan Kiefer
Secretary

Subscribed and sworn to before me this
3rd day of February 2025

Loanna Stiner

Louanna Stiner
Executive Admin Assistant
06/29/31



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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE APC Passe, LLC

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed						
0199999. Total Pharmaceutical Rebate Receivables	0	0	0	0	0	0
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	292,506				292,506	
0299999. Total Claim Overpayment Receivables	292,506	0	0	0	292,506	0
0399998. Aggregate Loans and Advances to Providers Not Individually Listed						
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed						
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Health Care Receivables Not Individually Listed						
0699999. Total Other Health Care Receivables	0	0	0	0	0	0
.....
.....
.....
.....
.....
.....
.....
.....
0799999 Gross health care receivables	292,506	0	0	0	292,506	0

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

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables					0	0
2. Claim overpayment receivables	288,807	567,956	73,023	219,483	361,830	378,196
3. Loans and advances to providers					0	0
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables					0	0
6. Other health care receivables.....					0	0
7. Totals (Lines 1 through 6)	288,807	567,956	73,023	219,483	361,830	378,196

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

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0		0.0		
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	0	0.0	0	0.0	0	0
Other Payments:						
5. Fee-for-service	8,801,156	2.2	XXX	XXX		8,801,156
6. Contractual fee payments	380,417,651	94.0	XXX	XXX		380,417,651
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	15,283,306	3.8	XXX	XXX		15,283,306
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		0
12. Total other payments	404,502,113	100.0	XXX	XXX	0	404,502,113
13. TOTAL (Line 4 plus Line 12)	404,502,113	100%	XXX	XXX	0	404,502,113

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total						



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE APC Passe, LLC

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

APC Passe, LLC

2. Little Rock, AR

(LOCATION)

NAIC Group Code	0671	BUSINESS IN THE STATE OF		DURING THE YEAR										
		Arkansas		2024										
		NAIC Company Code		16298										
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	12,780								12,780					
2. First Quarter	12,667								12,667					
3. Second Quarter	13,136								13,136					
4. Third Quarter	13,227								13,227					
5. Current Year	13,279								13,279					
6. Current Year Member Months	160,196								160,196					
Total Member Ambulatory Encounters for Year:														
7. Physician	94,205								94,205					
8. Non-Physician	1,547,354								1,547,354					
9. Total	1,641,559	0	0	0	0	0	0	0	1,641,559	0	0	0	0	0
10. Hospital Patient Days Incurred	59,110								59,110					
11. Number of Inpatient Admissions	4,126								4,126					
12. Health Premiums Written (b)	508,017,817								508,017,817					
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned.....	489,681,071								489,681,071					
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services.....	404,502,113								404,502,113					
18. Amount Incurred for Provision of Health Care Services	407,004,659								407,004,659					

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

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

30 AR

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE APC Passe, LLC

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
NONE												
9999999 - Totals												

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE APC Passe, LLC

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
80314	52-0913817	03/01/2019	Wellpoint Life & Health Insurance Company	IN	QA/I	MC	508,017,817		1,029,702				
			0299999. General Account - Authorized U.S. Affiliates - Other				508,017,817	0	1,029,702	0	0	0	0
			0399999. Total General Account - Authorized U.S. Affiliates				508,017,817	0	1,029,702	0	0	0	0
			0699999. Total General Account - Authorized Non-U.S. Affiliates				0	0	0	0	0	0	0
			0799999. Total General Account - Authorized Affiliates				508,017,817	0	1,029,702	0	0	0	0
			1099999. Total General Account - Authorized Non-Affiliates				0	0	0	0	0	0	0
			1199999. Total General Account Authorized				508,017,817	0	1,029,702	0	0	0	0
			1499999. Total General Account - Unauthorized U.S. Affiliates				0	0	0	0	0	0	0
			1799999. Total General Account - Unauthorized Non-U.S. Affiliates				0	0	0	0	0	0	0
			1899999. Total General Account - Unauthorized Affiliates				0	0	0	0	0	0	0
			2199999. Total General Account - Unauthorized Non-Affiliates				0	0	0	0	0	0	0
			2299999. Total General Account Unauthorized				0	0	0	0	0	0	0
			2599999. Total General Account - Certified U.S. Affiliates				0	0	0	0	0	0	0
			2899999. Total General Account - Certified Non-U.S. Affiliates				0	0	0	0	0	0	0
			2999999. Total General Account - Certified Affiliates				0	0	0	0	0	0	0
			3299999. Total General Account - Certified Non-Affiliates				0	0	0	0	0	0	0
			3399999. Total General Account Certified				0	0	0	0	0	0	0
			3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates				0	0	0	0	0	0	0
			3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates				0	0	0	0	0	0	0
			4099999. Total General Account - Reciprocal Jurisdiction Affiliates				0	0	0	0	0	0	0
			4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates				0	0	0	0	0	0	0
			4499999. Total General Account Reciprocal Jurisdiction				0	0	0	0	0	0	0
			4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified				508,017,817	0	1,029,702	0	0	0	0
			4899999. Total Separate Accounts - Authorized U.S. Affiliates				0	0	0	0	0	0	0
			5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates				0	0	0	0	0	0	0
			5299999. Total Separate Accounts - Authorized Affiliates				0	0	0	0	0	0	0
			5599999. Total Separate Accounts - Authorized Non-Affiliates				0	0	0	0	0	0	0
			5699999. Total Separate Accounts Authorized				0	0	0	0	0	0	0
			5999999. Total Separate Accounts - Unauthorized U.S. Affiliates				0	0	0	0	0	0	0
			6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates				0	0	0	0	0	0	0
			6399999. Total Separate Accounts - Unauthorized Affiliates				0	0	0	0	0	0	0
			6699999. Total Separate Accounts - Unauthorized Non-Affiliates				0	0	0	0	0	0	0
			6799999. Total Separate Accounts Unauthorized				0	0	0	0	0	0	0
			7099999. Total Separate Accounts - Certified U.S. Affiliates				0	0	0	0	0	0	0
			7399999. Total Separate Accounts - Certified Non-U.S. Affiliates				0	0	0	0	0	0	0
			7499999. Total Separate Accounts - Certified Affiliates				0	0	0	0	0	0	0
			7799999. Total Separate Accounts - Certified Non-Affiliates				0	0	0	0	0	0	0
			7899999. Total Separate Accounts Certified				0	0	0	0	0	0	0
			8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates				0	0	0	0	0	0	0
			8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates				0	0	0	0	0	0	0
			8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates				0	0	0	0	0	0	0
			8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates				0	0	0	0	0	0	0
			8999999. Total Separate Accounts Reciprocal Jurisdiction				0	0	0	0	0	0	0
			9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified				0	0	0	0	0	0	0
			9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)				508,017,817	0	1,029,702	0	0	0	0
			9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)				0	0	0	0	0	0	0
			9999999 - Totals				508,017,817	0	1,029,702	0	0	0	0

Schedule S - Part 4

NONE

Schedule S - Part 4 - Bank Footnote

NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE APC Passe, LLC

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1 2024	2 2023	3 2022	4 2021	5 2020
A. OPERATIONS ITEMS					
1. Premiums	0	0	0	0	0
2. Title XVIII - Medicare	0	0	0	0	0
3. Title XIX - Medicaid	508,018	450,969	489,231	468,920	417,063
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses	407,005	398,843	414,762		
B. BALANCE SHEET ITEMS					
6. Premiums receivable	6,438	8,179			
7. Claims payable	35,973	33,556	40,992	37,998	42,578
8. Reinsurance recoverable on paid losses	87,837	49,736	98,148	110,453	80,635
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE APC Passe, LLC

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	10,302,389		10,302,389
2. Accident and health premiums due and unpaid (Line 15)	0	6,437,592	6,437,592
3. Amounts recoverable from reinsurers (Line 16.1)	87,837,185	(87,837,185)	0
4. Net credit for ceded reinsurance	XXX	84,742,625	84,742,625
5. All other admitted assets (Balance)	15,499,267	(2,067,277)	13,431,990
6. Total assets (Line 28)	113,638,841	1,275,755	114,914,596
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	0	35,972,631	35,972,631
8. Accrued medical incentive pool and bonus payments (Line 2)	0		0
9. Premiums received in advance (Line 8)	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14. All other liabilities (Balance)	100,991,953	(34,696,876)	66,295,077
15. Total liabilities (Line 24)	100,991,953	1,275,755	102,267,708
16. Total capital and surplus (Line 33)	12,646,888	XXX	12,646,888
17. Total liabilities, capital and surplus (Line 34)	113,638,841	1,275,755	114,914,596
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	35,972,631		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	87,837,185		
22. Other ceded reinsurance recoverables	2,067,277		
23. Total ceded reinsurance recoverables	125,877,093		
24. Premiums receivable	6,437,592		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	34,696,876		
30. Total ceded reinsurance payables/offsets	41,134,468		
31. Total net credit for ceded reinsurance	84,742,625		

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

Allocated by States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE APC Passe, LLC

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0671	Elevance Health, Inc.		35-2145715		6324	New York Stock Exchange (NYSE)	Elevance Health, Inc.	IN	UIP				Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		81-3974489				Anthem Partnership Holding Company, LLC	DE	UDP	Elevance Health, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	16298	82-3062789				APC Passe, LLC	AR	RE	Anthem Partnership Holding Company, LLC	Ownership	49.000	Elevance Health, Inc.	NO	
		16298	82-3062789				APC Passe, LLC	AR	RE	Arkansas Provider Coalition, LLC	Ownership	51.000	Arkansas Provider Coalition, LLC	NO	
			82-1207593				Arkansas Provider Coalition, LLC	AR	UDP				Arkansas Provider Coalition, LLC	NO	

NONE

Asterisk	
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ANNUAL STATEMENT FOR THE YEAR 2024 OF THE APC Passe, LLC

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
80314	52-0913817	Wellpoint Life and Health Insurance Company						101,013,158			101,013,158	(124,839,518)
	81-3974489	Anthem Partnership Holding Company, LLC					19,880,549				19,880,549	
16298	82-3062789	APC Passe, LLC					(19,880,549)	(101,013,158)			(120,893,707)	124,839,518
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE APC Passe, LLC

SCHEDULE Y

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

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control/ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control/ Affiliation of Column 5 Over Column 6 (Yes/No)
Amerigroup Mississippi, Inc.	Anthem Partnership Holding Company, LLC	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
AMGP Georgia Managed Care Company, Inc.	Wellpoint Corporation	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
AMH Health Plans of Maine, Inc.	AMH Health, LLC	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
AMH Health, LLC	Anthem Partnership Holding Company, LLC	64.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
AMH Health, LLC	MaineHealth	36.000	NO	Not Affiliated with Elevance Health, Inc.	Not Affiliated with Elevance Health, Inc.	100.000	NO
Anthem Blue Cross Life and Health Insurance Company	WellPoint California Services, Inc.	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Anthem Health Plans of Kentucky, Inc.	ATH Holding Company, LLC	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Anthem Health Plans of Maine, Inc.	ATH Holding Company, LLC	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Anthem Health Plans of New Hampshire, Inc.	ATH Holding Company, LLC	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Anthem Health Plans of Virginia, Inc.	Anthem Southeast, Inc.	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Anthem Health Plans, Inc.	ATH Holding Company, LLC	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Anthem HealthChoice Assurance, Inc.	WellPoint Holding Corp	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Anthem HealthChoice HMO, Inc.	Empire HealthChoice Assurance, Inc.	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Anthem Insurance Companies, Inc.	Elevance Health, Inc.	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Anthem Kentucky Managed Care Plan, Inc.	ATH Holding Company, LLC	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
APC Passe	Anthem Partnership Holding Company, LLC	49.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
APC Passe	Arkansas Provider Coalition, LLC	51.000	NO	Not Affiliated with Elevance Health, Inc.	Not Affiliated with Elevance Health, Inc.	100.000	NO
Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	Cerulean Companies, Inc.	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Blue Cross Blue Shield of Wisconsin	Crossroads Acquisition Corp.	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Carelon Health of Arizona, Inc.	Carelon Management Services, LLC	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Carelon Health of Nevada, Inc.	Carelon Management Services, LLC	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Carelon Health of New Jersey, Inc.	Carelon Behavioral Health, Inc.	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Carelon Health of Pennsylvania, Inc.	Carelon Behavioral Health, Inc.	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE APC Passe, LLC

SCHEDULE Y

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

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CCHA, LLC	Anthem Partnership Holding Company, LLC	50.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
CCHA, LLC	Colorado Community Health Alliance, LLC	50.000	NO	Not Affiliated with Elevance Health, Inc.	Not Affiliated with Elevance Health, Inc.	100.000	NO
Community Care Health Plan of Kansas, Inc.	Anthem Partnership Holding Company, LLC	90.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Community Care Health Plan of Kansas, Inc.	Blue Cross and Blue Shield of Kansas	5.000	NO	Not Affiliated with Elevance Health, Inc.	Not Affiliated with Elevance Health, Inc.	100.000	NO
Community Care Health Plan of Kansas, Inc.	Blue Cross and Blue Shield of Kansas City	5.000	NO	Not Affiliated with Elevance Health, Inc.	Not Affiliated with Elevance Health, Inc.	100.000	NO
Community Care Health Plan of Louisiana, Inc.	Anthem Partnership Holding Company, LLC	75.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Community Care Health Plan of Louisiana, Inc.	Louisiana Health Service & Indemnity Company	25.000	NO	Not Affiliated with Elevance Health, Inc.	Not Affiliated with Elevance Health, Inc.	100.000	NO
Community Care Health Plan of Nebraska, Inc	Anthem Partnership Holding Company, LLC	95.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Community Care Health Plan of Nebraska, Inc	Blue Cross and Blue Shield of Nebraska	5.000	NO	Not Affiliated with Elevance Health, Inc.	Not Affiliated with Elevance Health, Inc.	100.000	NO
Community Care Health Plan of Nevada, Inc.	Wellpoint Corporation	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Community Insurance Company	ATH Holding Company, LLC	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Compcare Health Services Insurance Corporation	Blue Cross Blue Shield of Wisconsin	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Freedom Health, Inc.	Wellpoint Corporation	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Group Retiree Health Solutions, Inc.	GR Health Solutions LLC	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	50.000	NO
Health Colorado, Inc.	Carelon Behavioral Health, Inc.	16.670	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Health Colorado, Inc.	Valley-Wide Health Systems, Inc.	33.330	NO	Not Affiliated with Elevance Health, Inc.	Not Affiliated with Elevance Health, Inc.	100.000	NO
Health Colorado, Inc.	Health Solutions	16.670	NO	Not Affiliated with Elevance Health, Inc.	Not Affiliated with Elevance Health, Inc.	100.000	NO
Health Colorado, Inc.	San Luis Valley Community Mental Health Center, Inc.	16.670	NO	Not Affiliated with Elevance Health, Inc.	Not Affiliated with Elevance Health, Inc.	100.000	NO
Health Colorado, Inc.	Solvista Health	16.670	NO	Not Affiliated with Elevance Health, Inc.	Not Affiliated with Elevance Health, Inc.	100.000	NO
HealthKeepers, Inc.	Anthem Southeast, Inc.	92.510	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
HealthKeepers, Inc.	Wellpoint National Services, Inc.	7.490	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
HealthSun Health Plans, Inc.	Wellpoint Corporation	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Healthy Alliance Life Insurance Company	RightCHOICE Managed Care, Inc.	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
HMO Colorado, Inc.	Rocky Mountain Hospital and Medical Service, Inc.	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
HMO Missouri, Inc.	RightCHOICE Managed Care, Inc.	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Indiana University Health Plans, Inc.	Anthem Insurance Companies, Inc.	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE APC Passe, LLC

SCHEDULE Y

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

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control/ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control/ Affiliation of Column 5 Over Column 6 (Yes/No)
Matthew Thornton Health Plan, Inc.	Anthem Health Plans of New Hampshire, Inc.	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Missouri Care, Incorporated	ATH Holding Company, LLC	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
MMM Healthcare, LLC	MMM Holdings, LLC	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
MMM Multi Health, LLC	MMM Holdings, LLC	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Optimum Healthcare, Inc.	Wellpoint Corporation	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
PMC Medicare Choice, LLC	MMM Holdings, LLC	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Rocky Mountain Hospital and Medical Service, Inc. ...	ATH Holding Company, LLC	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Simply Healthcare Plans, Inc.	Wellpoint Corporation	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Wellpoint West Virginia, Inc.	Wellpoint National Services, Inc.	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Wellpoint District of Columbia, Inc.	Anthem Partnership Holding Company, LLC	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Wellpoint Insurance Company	Wellpoint Corporation	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Wellpoint Iowa, Inc.	Wellpoint Corporation	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Wellpoint Life & Health Insurance Company	Wellpoint National Services, Inc.	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Wellpoint Maryland, Inc.	Wellpoint Corporation	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Wellpoint New Jersey, Inc.	Wellpoint Corporation	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
WellPoint New Mexico, Inc.	Wellpoint Corporation	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Wellpoint Ohio, Inc.	Wellpoint Corporation	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Wellpoint South Carolina, Inc.	Anthem Partnership Holding Company, LLC	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Wellpoint Tennessee, Inc.	Wellpoint Corporation	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Wellpoint Texas, Inc.	Wellpoint Corporation	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO
Wellpoint Washington, Inc.	Wellpoint Corporation	100.000	NO	Elevance Health, Inc.	See Elevance Health, Inc. ownership listing in footnote	100.000	NO

Column 5, 6, and 7 indicating "Not affiliated with Elevance Health:" for rows above whereby the Elevance Health ("Elevance") insurer is partially owned by Elevance and partially owned by a non-affiliate, Elevance doesn't report the "entities controlled by the non-affiliate" data if the ultimate controlling company is outside of its ownership. Nor does Elevance track what ownership percentage the non-affiliated controlling entities own of companies within their holding company structures. Therefore, we've reported as such.

Entities controlled by Elevance are as follows:

Amerigroup Mississippi, Inc.	Compcare Health Services Insurance Corporation
AMGP Georgia Managed Care Company, Inc.	Freedom Health, Inc.
AMH Health, LLC	Group Retiree Health Solutions, Inc.
AMH Health Plans of Maine, Inc.	HealthKeepers, Inc.
Anthem Blue Cross Life and Health Insurance Company	HealthSun Health Plans, Inc.
Anthem Health Plans of Kentucky, Inc.	Healthy Alliance Life Insurance Company
Anthem Health Plans of Maine, Inc.	HMO Colorado, Inc.
Anthem Health Plans of New Hampshire, Inc.	HMO Missouri, Inc.
Anthem Health Plans of Virginia, Inc.	Indiana University Health Plans, Inc.
Anthem Health Plans, Inc.	Matthew Thornton Health Plan, Inc.
Anthem HealthChoice Assurance, Inc.	Missouri Care, Incorporated
Anthem HealthChoice HMO, Inc.	MMM Healthcare, LLC
Anthem Insurance Companies, Inc.	MMM MultiHealth, LLC
Anthem Kentucky Managed Care Plan, Inc.	Optimum Healthcare, Inc.,
Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	PMC Medicare Choice, LLC
Blue Cross Blue Shield of Wisconsin	Rocky Mountain Hospital and Medical Service, Inc.
Carelon Health of Arizona, Inc.	Simply Healthcare Plans, Inc.
Carelon Health of Nevada, Inc.	Wellpoint District of Columbia, Inc.
Carelon Health of New Jersey, Inc.	Wellpoint Insurance Company
Carelon Health of Pennsylvania, Inc.	Wellpoint Iowa, Inc.
CCHA, LLC	Wellpoint Life & Health Insurance Company
Community Care Health Plan of Kansas, Inc.	Wellpoint Maryland, Inc.
Community Care Health Plan of Louisiana, Inc.	Wellpoint New Jersey, Inc.
Community Care Health Plan of Nebraska, Inc.	Wellpoint New Mexico, Inc.
Community Care Health Plan of Nevada, Inc.	Wellpoint Ohio, Inc.
Community Insurance Company	Wellpoint Tennessee, Inc.
Community Care Health Plan of Nevada, Inc.	Wellpoint Texas, Inc.
Community Insurance Company	Wellpoint Washington, Inc.
	Wellpoint West Virginia, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.









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

SUPPLEMENTAL FILINGS

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

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

Bar Codes:

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

18. Relief from the Requirements for Audit Committees [Document Identifier 226]



19. Market Conduct Annual Statement (MCAS) Premium Exhibit for Year [Document Identifier 600]



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



21. Life Supplement [Document Identifier 211]



22. Supplemental Health Care Exhibit (Parts 1 and 2) [Document Identifier 216]

