



# HEALTH QUARTERLY STATEMENT

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

## Wellpoint Health Plans, Inc.

NAIC Group Code 0671 0671 NAIC Company Code 10767 Employer's ID Number 13-4212818  
(Current) (Prior)

Organized under the Laws of Ohio, State of Domicile or Port of Entry OH

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [ ] No [ X ]

Incorporated/Organized 03/08/2002 Commenced Business 09/01/2005

Statutory Home Office 4361 Irwin Simpson Road, C/O Community Ins. Co., Mason, OH, US 45040  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 5800 Northampton Blvd  
(Street and Number)  
Norfolk, VA, US 23502, 757-490-6900  
(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 Jill M Waddell, 262-202-1569  
(Name) (Area Code) (Telephone Number)  
jill.waddell@elevancehealth.com, 262-523-4945  
(E-mail Address) (FAX Number)

### OFFICERS

President/Chairperson Jennie Lynne Reynolds Treasurer Vincent Edward Scher  
Secretary Kathleen Susan Kiefer Assistant Treasurer Eric (Rick) Kenneth Noble

### OTHER

Jennifer Ann Dewane, Vice President

### DIRECTORS OR TRUSTEES

Jennie Lynne Reynolds Ronald William Penczek Jennifer Ann Dewane

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.

Signed by:

Jennie L. Reynolds

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Jennie Lynne Reynolds  
President/Chairperson

Signed by:

Kathly Kiefer

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Kathleen Susan Kiefer  
Secretary

Signed by:

Vincent E. Scher

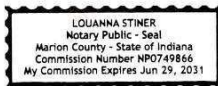
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Vincent Edward Scher  
Treasurer

Subscribed and sworn to before me this 27th day of October 2025

[Signature]

- 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.....



STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Wellpoint Health Plans, Inc.

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	1,332,575	0	1,332,575	16,298,315
2. Stocks:				
2.1 Preferred stocks .....	0	0	0	0
2.2 Common stocks .....	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens .....	0	0	0	0
3.2 Other than first liens.....	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances) .....	0	0	0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....	0	0	0	0
4.3 Properties held for sale (less \$ encumbrances) .....	0	0	0	0
5. Cash (\$ ..... 24,441,659 ), cash equivalents (\$ ..... 0 ) and short-term investments (\$ ..... ) .....	24,441,659	0	24,441,659	12,627,318
6. Contract loans (including \$ ..... premium notes) .....	0	0	0	0
7. Derivatives .....	0	0	0	0
8. Other invested assets .....	0	0	0	0
9. Receivables for securities .....	0	0	0	0
10. Securities lending reinvested collateral assets .....	0	0	0	3,289,735
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	25,774,234	0	25,774,234	32,215,368
13. Title plants less \$ ..... charged off (for Title insurers only) .....	0	0	0	0
14. Investment income due and accrued .....	10,217	0	10,217	33,709
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	54,557	40,926	13,631	13,302
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....	0	0	0	0
15.3 Accrued retrospective premiums (\$ ..... 706,664 ) and contracts subject to redetermination (\$ ..... 1,621,504 ) .....	2,328,168	0	2,328,168	2,362,744
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	0	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0	0
17. Amounts receivable relating to uninsured plans .....	836,293	0	836,293	513,832
18.1 Current federal and foreign income tax recoverable and interest thereon ....	120,855	0	120,855	23,418
18.2 Net deferred tax asset .....	230,604	0	230,604	129,627
19. Guaranty funds receivable or on deposit .....	0	0	0	0
20. Electronic data processing equipment and software .....	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... 0 ) .....	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	0	0	0	0
24. Health care (\$ ..... 700,454 ) and other amounts receivable .....	1,524,616	824,162	700,454	91,459
25. Aggregate write-ins for other-than-invested assets .....	60,265	60,265	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	30,939,809	925,353	30,014,456	35,383,459
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0	0
28. Total (Lines 26 and 27)	30,939,809	925,353	30,014,456	35,383,459
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepaid expenses .....	60,265	60,265	0	0
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	60,265	60,265	0	0

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded) .....	3,034,747	0	3,034,747	2,261,438
2. Accrued medical incentive pool and bonus amounts .....	229,835	0	229,835	308,484
3. Unpaid claims adjustment expenses .....	44,263	0	44,263	25,875
4. Aggregate health policy reserves, including the liability of \$ .....0 for medical loss ratio rebate per the Public Health Service Act .....	69,631	0	69,631	52,135
5. Aggregate life policy reserves .....	0	0	0	0
6. Property/casualty unearned premium reserve .....	0	0	0	0
7. Aggregate health claim reserves .....	0	0	0	0
8. Premiums received in advance .....	541	0	541	1,326
9. General expenses due or accrued .....	2,652	0	2,652	19,591
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses)) .....	0	0	0	0
10.2 Net deferred tax liability .....	0	0	0	0
11. Ceded reinsurance premiums payable .....	0	0	0	0
12. Amounts withheld or retained for the account of others.....	11,388	0	11,388	10,946
13. Remittances and items not allocated .....	434,131	0	434,131	376,766
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates .....	3,868,107	0	3,868,107	4,755,819
16. Derivatives .....	0	0	0	0
17. Payable for securities .....	0	0	0	0
18. Payable for securities lending .....	0	0	0	3,289,735
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers).....	0	0	0	0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....	0	0	0	0
22. Liability for amounts held under uninsured plans .....	507,033	0	507,033	2,867,770
23. Aggregate write-ins for other liabilities (including \$ ..... 194,251 current) .....	194,251	0	194,251	49,634
24. Total liabilities (Lines 1 to 23) .....	8,396,579	0	8,396,579	14,019,519
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX	1,000	1,000
27. Preferred capital stock .....	XXX	XXX	0	0
28. Gross paid in and contributed surplus .....	XXX	XXX	15,147,882	15,147,882
29. Surplus notes .....	XXX	XXX	0	0
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	6,468,995	6,215,058
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX	0	0
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	21,617,877	21,363,940
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	30,014,456	35,383,459
<b>DETAILS OF WRITE-INS</b>				
2301. Miscellaneous liabilities .....	194,251		194,251	49,634
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	194,251	0	194,251	49,634
2501. ....	XXX	XXX		
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months .....	XXX	40,797	45,895	60,741
2. Net premium income ( including \$ ..... non-health premium income).....	XXX	61,030,973	55,330,415	72,830,589
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	14,126	187,136	1,218,833
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX			
5. Risk revenue .....	XXX	0	0	
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	61,045,099	55,517,551	74,049,422
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		43,780,222	41,487,459	55,995,461
10. Other professional services .....		537,380	615,218	818,200
11. Outside referrals .....		0	0	
12. Emergency room and out-of-area .....		2,614,193	1,753,947	2,294,444
13. Prescription drugs .....		6,880,071	5,935,728	7,009,213
14. Aggregate write-ins for other hospital and medical .....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....		123,854	(10,411)	(642,718)
16. Subtotal (Lines 9 to 15) .....	0	53,935,720	49,781,941	65,474,600
<b>Less:</b>				
17. Net reinsurance recoveries .....		0	0	
18. Total hospital and medical (Lines 16 minus 17) .....	0	53,935,720	49,781,941	65,474,600
19. Non-health claims (net) .....		0	0	
20. Claims adjustment expenses, including \$ .....176,918 cost containment expenses .....		284,157	335,015	419,485
21. General administrative expenses .....		4,549,048	4,323,318	5,702,772
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only) .....		0	(389,010)	(518,680)
23. Total underwriting deductions (Lines 18 through 22).....	0	58,768,925	54,051,264	71,078,177
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	2,276,174	1,466,287	2,971,245
25. Net investment income earned .....		1,018,262	568,691	947,819
26. Net realized capital gains (losses) less capital gains tax of \$ .....23,177 .....		1,054,236	0	0
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	2,072,498	568,691	947,819
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ .....21,240 )].....		(21,240)	(24,503)	(29,455)
29. Aggregate write-ins for other income or expenses .....	0	(156)	680	694
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	4,327,276	2,011,155	3,890,303
31. Federal and foreign income taxes incurred .....	XXX	679,113	427,122	852,073
32. Net income (loss) (Lines 30 minus 31) .....	XXX	3,648,163	1,584,033	3,038,230
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX			
0602. ....	XXX			
0603. ....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) .....	XXX	0	0	0
0701. ....	XXX			
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above) .....	XXX	0	0	0
1401. ....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) .....	0	0	0	0
2901. Other income (expense) .....		(156)	680	694
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) .....	0	(156)	680	694

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

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	21,363,940	21,603,742	21,603,742
34. Net income or (loss) from Line 32 .....	3,648,163	1,584,033	3,038,230
35. Change in valuation basis of aggregate policy and claim reserves .....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	0		
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....	100,977	66,995	(102,958)
39. Change in nonadmitted assets .....	(495,203)	(306,395)	(275,074)
40. Change in unauthorized and certified reinsurance .....	0	0	0
41. Change in treasury stock .....	0	0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles.....	0		
44. Capital Changes:			
44.1 Paid in .....	0		0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....	0		
45. Surplus adjustments:			
45.1 Paid in .....	0	0	0
45.2 Transferred to capital (Stock Dividend) .....	0		
45.3 Transferred from capital .....	0		
46. Dividends to stockholders .....	(3,000,000)	(2,900,000)	(2,900,000)
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0	0
48. Net change in capital & surplus (Lines 34 to 47) .....	253,937	(1,555,367)	(239,802)
49. Capital and surplus end of reporting period (Line 33 plus 48)	21,617,877	20,048,375	21,363,940
<b>DETAILS OF WRITE-INS</b>			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Wellpoint Health Plans, Inc.

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	61,098,974	57,119,365	74,121,811
2. Net investment income .....	1,035,792	1,109,262	1,597,755
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	62,134,766	58,228,627	75,719,566
5. Benefit and loss related payments .....	54,287,910	50,027,269	64,298,593
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	7,536,395	(13,681,118)	(7,586,762)
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$ ..... 23,177 tax on capital gains (losses) .....	799,727	(88,138)	514,206
10. Total (Lines 5 through 9) .....	62,624,032	36,258,013	57,226,037
11. Net cash from operations (Line 4 minus Line 10) .....	(489,266)	21,970,614	18,493,529
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	16,610,185	0	0
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	3,289,735	285,325	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	19,899,920	285,325	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	561,025	0	0
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	659,693
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	561,025	0	659,693
14. Net increase/(decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	19,338,895	285,325	(659,693)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	3,000,000	2,900,000	2,900,000
16.6 Other cash provided (applied) .....	(4,035,288)	(9,142,938)	(8,640,905)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	(7,035,288)	(12,042,938)	(11,540,905)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	11,814,341	10,213,001	6,292,932
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	12,627,318	6,334,386	6,334,386
19.2 End of period (Line 18 plus Line 19.1) .....	24,441,659	16,547,387	12,627,318

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

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STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Wellpoint Health Plans, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	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											
<b>Total Members at end of:</b>														
1. Prior Year .....	4,911	0	0	0	0	0	0	4,911	0	0	0	0	0	0
2. First Quarter .....	4,586	0	0	0	0	0	0	4,586	0	0	0	0	0	0
3. Second Quarter .....	4,530	0	0	0	0	0	0	4,530	0	0	0	0	0	0
4. Third Quarter .....	4,345	0	0	0	0	0	0	4,345	0	0	0	0	0	0
5. Current Year	0													
6. Current Year Member Months	40,797	0	0	0	0	0	0	40,797	0	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Period:</b>														
7. Physician .....	76,929							76,929						
8. Non-Physician .....	106,403							106,403						
9. Total	183,332	0	0	0	0	0	0	183,332	0	0	0	0	0	0
10. Hospital Patient Days Incurred	4,870							4,870						
11. Number of Inpatient Admissions	776							776						
12. Health Premiums Written (a) .....	61,030,973							61,030,973						
13. Life Premiums Direct .....	0							0						
14. Property/Casualty Premiums Written .....	0							0						
15. Health Premiums Earned.....	61,045,099							61,045,099						
16. Property/Casualty Premiums Earned	0							0						
17. Amount Paid for Provision of Health Care Services.....	54,287,909							54,287,909						
18. Amount Incurred for Provision of Health Care Services	53,935,720							53,935,720						

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 61,030,973



**UNDERWRITING AND INVESTMENT EXHIBIT**

**ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE**

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual .....	0	0	0	0	0	0
2. Comprehensive (hospital and medical) group .....	0	0	0	0	0	0
3. Medicare Supplement .....	0	0	0	0	0	0
4. Vision only .....	0	0	0	0	0	0
5. Dental only .....	0	0	0	0	0	0
6. Federal Employees Health Benefits Plan .....	0	0	0	0	0	0
7. Title XVIII - Medicare .....	1,516,832	52,568,575	29,911	3,004,836	1,546,743	2,261,438
8. Title XIX - Medicaid .....	0	0	0	0	0	0
9. Credit A&H .....	0	0	0	0	0	0
10. Disability Income .....	0	0	0	0	0	0
11. Long-term care .....	0	0	0	0	0	0
12. Other health .....	0	0	0	0	0	0
13. Health subtotal (Lines 1 to 12) .....	1,516,832	52,568,575	29,911	3,004,836	1,546,743	2,261,438
14. Health care receivables (a) .....	291,275	1,233,341	0	0	291,275	477,766
15. Other non-health .....	0	0	0	0	0	0
16. Medical incentive pools and bonus amounts .....	29,521	172,982	185,388	44,447	214,909	308,484
17. Totals (Lines 13 - 14 + 15 + 16) .....	1,255,078	51,508,216	215,299	3,049,283	1,470,377	2,092,156

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Wellpoint Health Plans, Inc.  
**NOTES TO FINANCIAL STATEMENTS**

*For the purposes of the quarterly interim financial information, it is presumed that the users of the interim financial information have read or have access to the Annual Statement as of December 31, 2024. This presentation addresses only significant events occurring since the last Annual Statement.*

**1. Summary of Significant Accounting Policies and Going Concern**

**A. Accounting Practices**

The accompanying financial statements of Wellpoint Health Plans, Inc. (the “Company”), formerly known as Wellpoint Ohio, Inc., have been prepared in conformity with the National Association of Insurance Commissioners’ (“NAIC”) *Annual Statement Instructions* and in accordance with accounting practices prescribed by the NAIC *Accounting Practices and Procedures Manual* (“NAIC SAP”), subject to any deviations prescribed or permitted by the Ohio Department of Insurance (“ODI”). The Company employed no permitted practices in preparing the accompanying statutory financial statements. The Company changed its name to Wellpoint Health Plans, Inc. on July 1, 2025.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the ODI is shown below:

	<u>SSAP #</u>	<u>F/S Page</u>	<u>F/S Line #</u>	<u>September 30, 2025</u>	<u>December 31, 2024</u>
<b><u>Net Income</u></b>					
(1) Wellpoint Health Plans, Inc. state basis (Page 4, Line 32, Columns 2 & 4)	<u>XXX</u>	<u>XXX</u>	<u>XXX</u>	<u>\$ 3,648,163</u>	<u>\$ 3,038,230</u>
(2) State Prescribed Practices that is an increase/(decrease) from NAIC SAP:	<u>          </u>	<u>          </u>	<u>          </u>	<u>          —</u>	<u>          —</u>
(3) State Permitted Practices that is an increase/(decrease) from NAIC SAP:	<u>          </u>	<u>          </u>	<u>          </u>	<u>          —</u>	<u>          —</u>
(4) NAIC SAP (1-2-3=4)	<u>XXX</u>	<u>XXX</u>	<u>XXX</u>	<u>\$ 3,648,163</u>	<u>\$ 3,038,230</u>
<b><u>Surplus</u></b>					
(5) Wellpoint Health Plans, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	<u>XXX</u>	<u>XXX</u>	<u>XXX</u>	<u>\$ 21,617,877</u>	<u>\$ 21,363,940</u>
(6) State Prescribed Practices that is an increase/(decrease) from NAIC SAP:	<u>          </u>	<u>          </u>	<u>          </u>	<u>          —</u>	<u>          —</u>
(7) State Permitted Practices that is an increase/(decrease) from NAIC SAP:	<u>          </u>	<u>          </u>	<u>          </u>	<u>          —</u>	<u>          —</u>
(8) NAIC SAP (5-6-7=8)	<u>XXX</u>	<u>XXX</u>	<u>XXX</u>	<u>\$ 21,617,877</u>	<u>\$ 21,363,940</u>

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

No significant change.

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Wellpoint Health Plans, Inc.  
NOTES TO FINANCIAL STATEMENTS

**C. Accounting Policies**

(1) No significant change.

(2) Investment grade bonds not backed by other loans are stated at amortized cost, with amortization calculated based on the modified scientific method, using lower of yield to call or yield to maturity. Non-investment grade bonds are stated at the lower of amortized cost or fair value as determined by various third-party pricing sources.

(3) - (14) No significant change.

**D. Going Concern**

Not applicable.

**2. Accounting Changes and Corrections of Errors**

Not applicable.

**3. Business Combinations and Goodwill**

Not applicable.

**4. Discontinued Operations**

Not applicable.

**5. Investments**

**A. - C.**

Not applicable.

**D. Asset-Backed Securities**

(1) The Company did not have asset-backed securities at September 30, 2025.

(2) The Company did not recognize other-than-temporary impairments ("OTTI") on its asset-backed securities during the nine months ended September 30, 2025.

(3) The Company did not recognize OTTI on its asset-backed securities at September 30, 2025.

(4) The Company had no impaired asset-backed securities for which an OTTI had not been recognized in earnings at September 30, 2025.

(5) The Company had no impaired asset-backed securities at September 30, 2025.

**E. Dollar Repurchase Agreements and/or Securities Lending Transactions**

Not applicable.

**F. Repurchase Agreements Transactions Accounted for as Secured Borrowing**

The Company did not enter into repurchase agreement transactions accounted for as secured borrowing at September 30, 2025.

**G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing**

The Company did not enter into reverse repurchase agreement transactions accounted for as a secured borrowing at September 30, 2025.

**H. Repurchase Agreements Transactions Accounted for as a Sale**

The Company did not enter into repurchase agreement transactions accounted for as a sale at September 30, 2025.

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Wellpoint Health Plans, Inc.  
NOTES TO FINANCIAL STATEMENTS

**I. Reverse Repurchase Agreements Transactions Accounted for as a Sale**

The Company did not enter into reverse repurchase agreement transactions accounted for as a sale at September 30, 2025.

**J. Real Estate**

Not applicable.

**K. Investments in Low-Income Housing Tax Credits**

Not applicable.

**L. Restricted Assets**

No significant change.

**M. Working Capital Finance Investments**

Not applicable.

**N. Offsetting and Netting of Assets and Liabilities**

The Company had no netted assets and liabilities at September 30, 2025.

**O. 5GI Securities**

The Company has no 5GI Securities as of September 30, 2025.

**P. Short Sales**

The Company did not have any short sales at September 30, 2025.

**Q. Prepayment Penalty and Acceleration Fees**

The Company did not have any prepayment penalty or acceleration fees at September 30, 2025.

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

The Company did not participate in a cash pool at September 30, 2025.

**S. Aggregate Collateral Loans by Qualifying Investment Collateral**

The Company did not have any aggregate collateral loans with qualifying investment collateral at September 30, 2025.

**6. Prepayment Penalty and Acceleration Fees**

Not applicable.

**7. Investment Income**

No significant change.

**8. Derivative Instruments**

Not applicable.

**9. Income Taxes**

**A. - F.**

No significant change.

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Wellpoint Health Plans, Inc.  
NOTES TO FINANCIAL STATEMENTS

**G. - H.**

Not applicable.

**I. Alternative Minimum Tax (AMT) Credit**

No significant change.

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

**A. Nature of the Relationship**

The Company changed its name to Wellpoint Health Plans, Inc. effective July 1, 2025.

**B. Significant Transactions for the Period**

The Board of Directors of the Company declared an ordinary dividend in the amount of \$3,000,000 on August 27, 2025. The Company paid the dividend to its parent company, Wellpoint Corporation, on September 8, 2025.

**C. Transactions with Related Parties who are not Reported on Schedule Y**

No significant change.

**D. Amounts Due to or from Related Parties**

At September 30, 2025, the Company reported no amounts due from affiliates and \$3,868,107 due to affiliates. The payable balance represents intercompany transactions that will be settled in accordance with the settlement terms of the intercompany agreement.

**E. - O.**

No significant change.

**11. Debt**

Not applicable.

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

**A. Defined Benefit Plan**

Not applicable.

**B.** Not applicable.

**C.** Not applicable.

**D.** Not applicable.

**E. Defined Contribution Plans**

Not applicable.

**F. Multiemployer Plans**

The Company does not participate in a multiemployer plan.

**G. Consolidated/Holding Company Plans**

No significant change.

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Wellpoint Health Plans, Inc.  
NOTES TO FINANCIAL STATEMENTS

**H. Post Employment Benefits and Compensated Absences**

Not applicable.

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

Not applicable.

**13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations**

No significant change.

**14. Liabilities, Contingencies and Assessments**

No significant change.

**15. Leases**

Not applicable.

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

No significant change.

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

**A. Transfers of Receivables Reported as Sales**

Not applicable.

**B. Transfer and Servicing of Financial Assets**

Not applicable.

**C. Wash Sales**

(1) In the course of the Company's asset management, securities may be sold and reacquired within 30 days of the sale date to enhance the yield on the investments.

(2) At September 30, 2025, there were no wash sales involving securities with an NAIC designation of 3 or below or unrated.

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

**A. Administrative Services Only Plans**

Not applicable.

**B. Administrative Services Contract Plans**

Not applicable.

**C. Medicare or Other Similarly Structured Cost-Based Reimbursement Contract**

No significant change.

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

Not applicable.

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Wellpoint Health Plans, Inc.  
NOTES TO FINANCIAL STATEMENTS

**20. Fair Value Measurements**

A. (1) There are no assets or liabilities measured at fair value as of September 30, 2025.

(2) Fair Value Measurement in (Level 3) of the Fair Value Hierarchy

There are no investments in Level 3 as of September 30, 2025.

(3) The Company's policy is to recognize transfers between Levels, if any, as of the beginning of the reporting period.

(4) Fair values of bonds are based on quoted market prices, where available. These fair values are obtained primarily from third party pricing services, which generally use Level 1 or Level 2 inputs, for the determination of fair value to facilitate fair value measurements and disclosures. Level 2 securities primarily include United States government securities, corporate securities, securities from states, municipalities and political subdivisions, mortgage-backed securities and certain other asset-backed securities. For securities not actively traded, the pricing services may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, broker quotes, benchmark yields, credit spreads, default rates and prepayment speeds. The Company has controls in place to review the pricing services' qualifications and procedures used to determine fair values. In addition, the Company periodically reviews the pricing services' pricing methodologies, data sources and pricing inputs to ensure the fair values obtained are reasonable.

Certain bonds, primarily corporate debt securities, are designated Level 3. For these securities, the valuation methodologies may incorporate broker quotes or discounted cash flow analyses using assumptions for inputs such as expected cash flows, benchmark yields, credit spreads, default rates and prepayment speeds that are not observable in the markets.

There have been no significant changes in the valuation techniques during the current period.

**B. Fair Value Measurements Under Other Accounting Pronouncements**

Not applicable.

**C. Financial Instruments**

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value ("NAV")	Not Practicable (Carrying Value)
Issuer credit obligation	\$ 1,349,243	\$ 1,332,575	\$ —	\$ 1,349,243	\$ —	\$ —	\$ —

**D. Not Practicable to Estimate Fair Value**

There are no financial instruments that were not practicable to estimate at fair value.

**E. Investments Measured at Net Asset Value**

The Company has no investments measured at net asset value.

**21. Other Items**

No significant change.

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Wellpoint Health Plans, Inc.  
NOTES TO FINANCIAL STATEMENTS

**22. Events Subsequent**

Subsequent events have been considered through November 11, 2025 for the statutory statement issued on November 12, 2025. There were no events occurring subsequent to September 30, 2025 requiring recognition or disclosure.

**23. Reinsurance**

Not applicable.

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

**A. - D.**

No significant change.

**E. Risk Sharing Provisions of the Affordable Care Act ("ACA")**

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

(2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year.

Not applicable.

(3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

Not applicable.

**25. Change in Incurred Claims and Claim Adjustment Expenses**

**A.** The estimated cost of claims and claim adjustment expense attributable to insured events of prior years decreased by \$639,765 during 2025. This is approximately 30.2% of unpaid claims and claim adjustment expenses, net of healthcare receivables, of \$2,118,031 as of December 31, 2024. The redundancy reflects the decreases in estimated claims and claims adjustment expenses as a result of claims payment during the year, and as additional information is received regarding claims incurred prior to 2025. Recent claim development trends are also taken into account in evaluating the overall adequacy of unpaid claims and unpaid claim adjustment expense.

**B.** There were no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses.

**26. Intercompany Pooling Arrangements**

Not applicable.

**27. Structured Settlements**

Not applicable.

**28. Health Care Receivables**

No significant change.

**29. Participating Policies**

Not applicable.

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Wellpoint Health Plans, Inc.  
NOTES TO FINANCIAL STATEMENTS

**30. Premium Deficiency Reserves**

The Company did not record any premium deficiency reserves at September 30, 2025.

**31. Anticipated Salvage and Subrogation**

No significant change.

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

### GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [ X ]
- 1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ X ] No [ ]
- 2.2 If yes, date of change: ..... 07/01/2025
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [ X ] No [ ]  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [ X ]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
.....
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [ X ] No [ ]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. .... 0001156039
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [ X ]
- 4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [ X ] N/A [ ]  
If yes, attach an explanation.  
.....
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2022
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .... 12/31/2022
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .... 06/25/2024
- 6.4 By what department or departments?  
Ohio Department of Insurance .....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] N/A [ X ]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ ] No [ ] N/A [ X ]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [ X ]
- 7.2 If yes, give full information:  
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [ X ]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

**GENERAL INTERROGATORIES**

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [  ] No [  ]  
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
 (c) Compliance with applicable governmental laws, rules and regulations;  
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
 (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:  
 .....
- 9.2 Has the code of ethics for senior managers been amended? ..... Yes [  ] No [  ]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).  
 1.Added a new section on mobile devices, stating that Elevance Health has the right to physically access any personal device used for company business to inspect, review, and collect company information.  
 2.Strengthened language on secondary employment, emphasizing its potential to distract from associates' primary responsibilities and misappropriate compensation from Elevance Health. This also includes a reminder about conducting secondary employment/external activities such as freelancing, public speaking, and contributions to external publications.  
 3.Introduced a new section on the Enterprise Firewall policy to ensure the proper use and disclosure of Competitively Sensitive Information within the Elevance Health family of companies.  
 4.Included a Q&A on conference fees and clarified that all cash gifts must be declined.  
 5.Added language mandating that all Artificial Intelligence, machine learning, and large language models must be developed and/or used in accordance with the Enterprise AI policy.  
 6.Revised sections of the Code to comply with Section 508 of the Rehabilitation Act, ensuring individuals with disabilities have equal access to electronic information and data comparable to those without disabilities. ....
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [  ] No [  ]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).  
 .....

**FINANCIAL**

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [  ] No [  ]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ ..... 0

**INVESTMENT**

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes [  ] No [  ]
- 11.2 If yes, give full and complete information relating thereto:  
 .....
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: ..... \$ ..... 0
13. Amount of real estate and mortgages held in short-term investments: ..... \$ ..... 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes [  ] No [  ]
- 14.2 If yes, please complete the following:
- |   | 1<br>Prior Year-End<br>Book/Adjusted<br>Carrying Value | 2<br>Current Quarter<br>Book/Adjusted<br>Carrying Value |
|---|--|---|
| 14.21 Bonds .....   | \$ ..... 0   | \$ ..... 0  |
| 14.22 Preferred Stock .....   | \$ ..... 0   | \$ ..... 0  |
| 14.23 Common Stock .....  | \$ ..... 0   | \$ ..... 0  |
| 14.24 Short-Term Investments .....  | \$ ..... 0   | \$ ..... 0  |
| 14.25 Mortgage Loans on Real Estate .....   | \$ ..... 0   | \$ ..... 0  |
| 14.26 All Other .....   | \$ ..... 0   | \$ ..... 0  |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) ..... | \$ ..... 0   | \$ ..... 0  |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....                       | \$ ..... 0   | \$ ..... 0  |
- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes [  ] No [  ]
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [  ] No [  ] N/A [  ]  
 If no, attach a description with this statement.  
 .....
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$ ..... 0
- 16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$ ..... 0
- 16.3 Total payable for securities lending reported on the liability page. .... \$ ..... 0

## GENERAL INTERROGATORIES

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? ..... Yes [  ] No [  ]
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
JP Morgan Chase Bank, N.A .....	383 Madison Ave, New York, NY 10179 .....

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

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [  ] No [  ]

- 17.4 If yes, give full information relating thereto:

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

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

1 Name of Firm or Individual	2 Affiliation
Elevance Health, Inc. ....	I.....
Loomis, Sayles & Company, LP .....	U.....

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [  ] No [  ]

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

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

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
105377 .....	Loomis, Sayles & Company, LP .....	J1ZPN2RX3UMN0Y1D1313 .....	Securities Exchange Commission .....	NO.....

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

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

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

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

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

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

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

- Has the reporting entity self-designated PLGI securities? ..... Yes [  ] No [  ]

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

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

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

# GENERAL INTERROGATORIES

## PART 2 - HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent ..... 88.600 %
  - 1.2 A&H cost containment percent ..... 0.300 %
  - 1.3 A&H expense percent excluding cost containment expenses ..... 7.600 %
- 2.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date ..... \$.....
- 2.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date ..... \$.....
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [ X ] No [ ]
- 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [ ] No [ ]

**SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating
<b>NONE</b>									

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Business Only									
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts	
1. Alabama	AL	N								0	
2. Alaska	AK	N								0	
3. Arizona	AZ	L	61,030,973							61,030,973	
4. Arkansas	AR	L								0	
5. California	CA	N								0	
6. Colorado	CO	N								0	
7. Connecticut	CT	N								0	
8. Delaware	DE	N								0	
9. District of Columbia	DC	N								0	
10. Florida	FL	N								0	
11. Georgia	GA	N								0	
12. Hawaii	HI	N								0	
13. Idaho	ID	N								0	
14. Illinois	IL	N								0	
15. Indiana	IN	N								0	
16. Iowa	IA	N								0	
17. Kansas	KS	N								0	
18. Kentucky	KY	N								0	
19. Louisiana	LA	N								0	
20. Maine	ME	N								0	
21. Maryland	MD	N								0	
22. Massachusetts	MA	N								0	
23. Michigan	MI	N								0	
24. Minnesota	MN	N								0	
25. Mississippi	MS	N								0	
26. Missouri	MO	N								0	
27. Montana	MT	N								0	
28. Nebraska	NE	N								0	
29. Nevada	NV	N								0	
30. New Hampshire	NH	N								0	
31. New Jersey	NJ	N								0	
32. New Mexico	NM	N								0	
33. New York	NY	N								0	
34. North Carolina	NC	N								0	
35. North Dakota	ND	N								0	
36. Ohio	OH	L								0	
37. Oklahoma	OK	N								0	
38. Oregon	OR	N								0	
39. Pennsylvania	PA	N								0	
40. Rhode Island	RI	N								0	
41. South Carolina	SC	N								0	
42. South Dakota	SD	N								0	
43. Tennessee	TN	N								0	
44. Texas	TX	N								0	
45. Utah	UT	N								0	
46. Vermont	VT	N								0	
47. Virginia	VA	N								0	
48. Washington	WA	N								0	
49. West Virginia	WV	N								0	
50. Wisconsin	WI	N								0	
51. Wyoming	WY	N								0	
52. American Samoa	AS	N								0	
53. Guam	GU	N								0	
54. Puerto Rico	PR	N								0	
55. U.S. Virgin Islands	VI	N								0	
56. Northern Mariana Islands	MP	N								0	
57. Canada	CAN	N								0	
58. Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0	0	0
59. Subtotal	XXX	0	61,030,973	0	0	0	0	0	61,030,973	0	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX									0	
61. Totals (Direct Business)	XXX	0	61,030,973	0	0	0	0	0	61,030,973	0	0
DETAILS OF WRITE-INS											
58001.	XXX										
58002.	XXX										
58003.	XXX										
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0	0

(a) Active Status Counts:

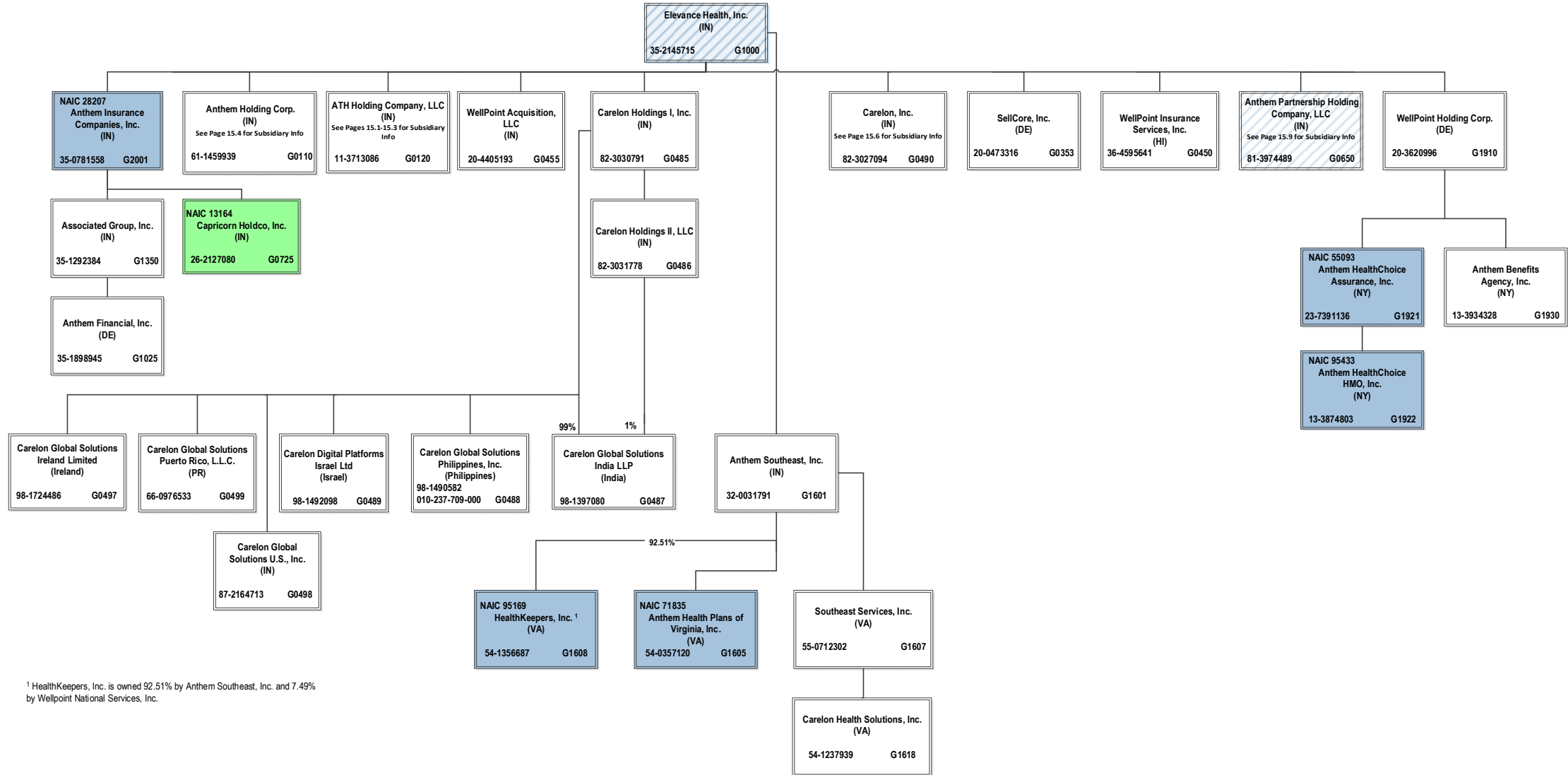
- 1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 3
- 2. R - Registered - Non-domiciled RRGs..... 0
- 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. .... 0
- 4. Q - Qualified - Qualified or accredited reinsurer..... 0
- 5. N - None of the above - Not allowed to write business in the state..... 54

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

## PART 1 – ORGANIZATIONAL CHART



ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED



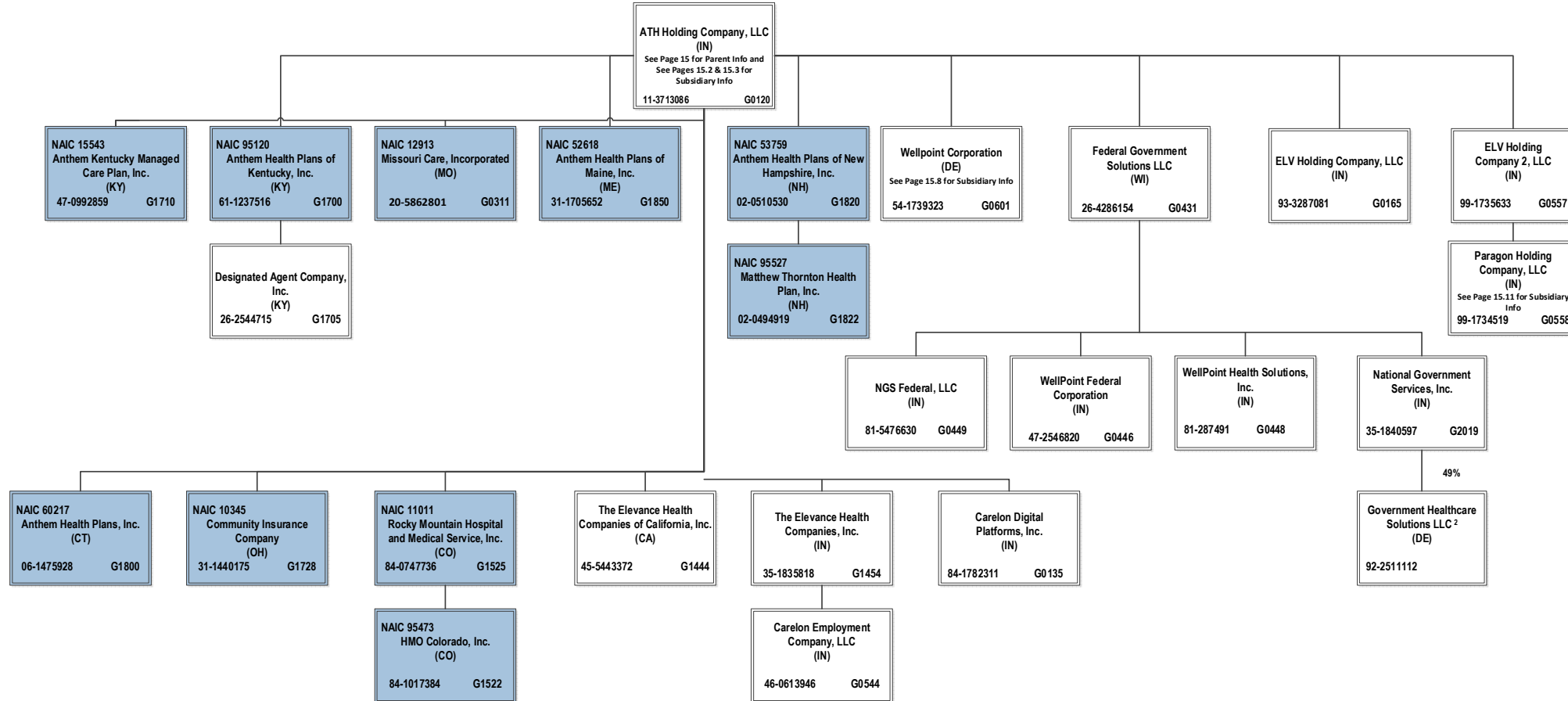
<sup>1</sup> HealthKeepers, Inc. is owned 92.51% by Anthem Southeast, Inc. and 7.49% by Wellpoint National Services, Inc.

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

## PART 1 – ORGANIZATIONAL CHART

ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee



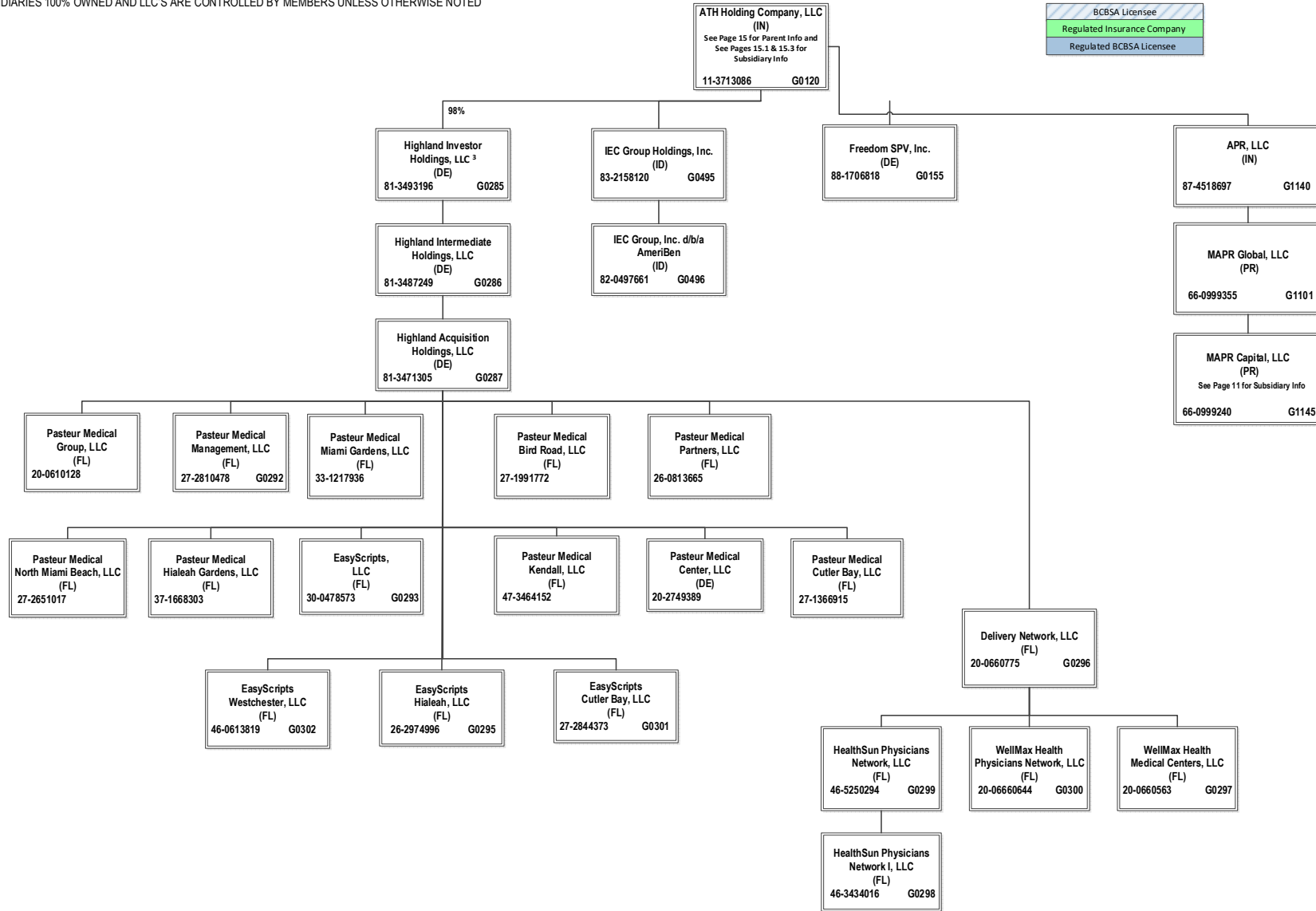
15.1

<sup>2</sup> Government Healthcare Solutions LLC. is a joint venture 49% owned by National Government Services, Inc. and 51% owned by MKS2 LLC (non-affiliate)

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

## PART 1 – ORGANIZATIONAL CHART

ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED



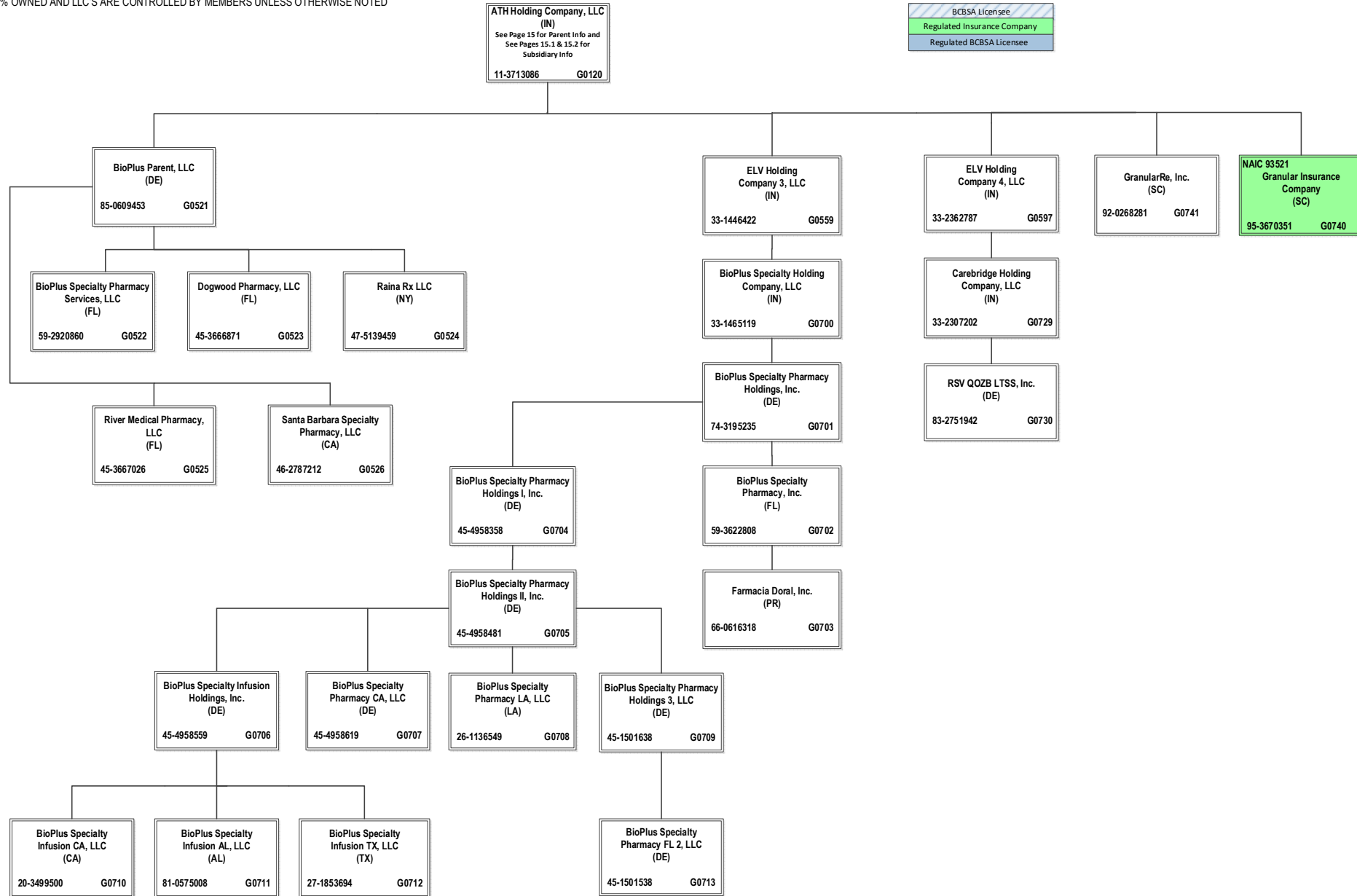
15.2

<sup>3</sup> ATH Holding Company, LLC holds a 98% interest in Highland Investor Holdings, LLC, and Wellpoint Corporation holds the remaining 2% interest.

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

## PART 1 – ORGANIZATIONAL CHART

ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED



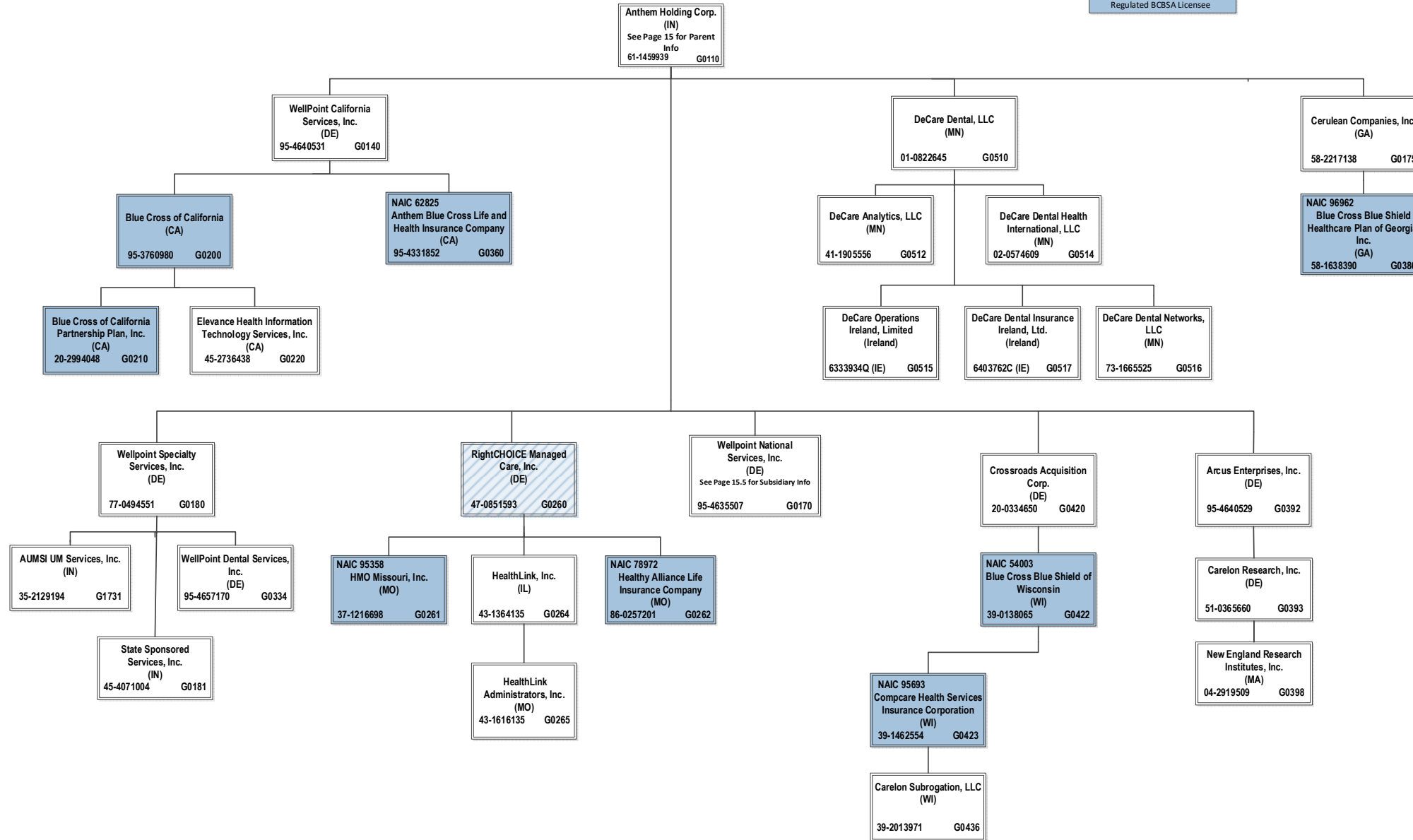
BCBSA Licensee  
Regulated Insurance Company  
Regulated BCBSA Licensee

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

## PART 1 – ORGANIZATIONAL CHART

ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED

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Regulated Insurance Company
Regulated BCBSA Licensee

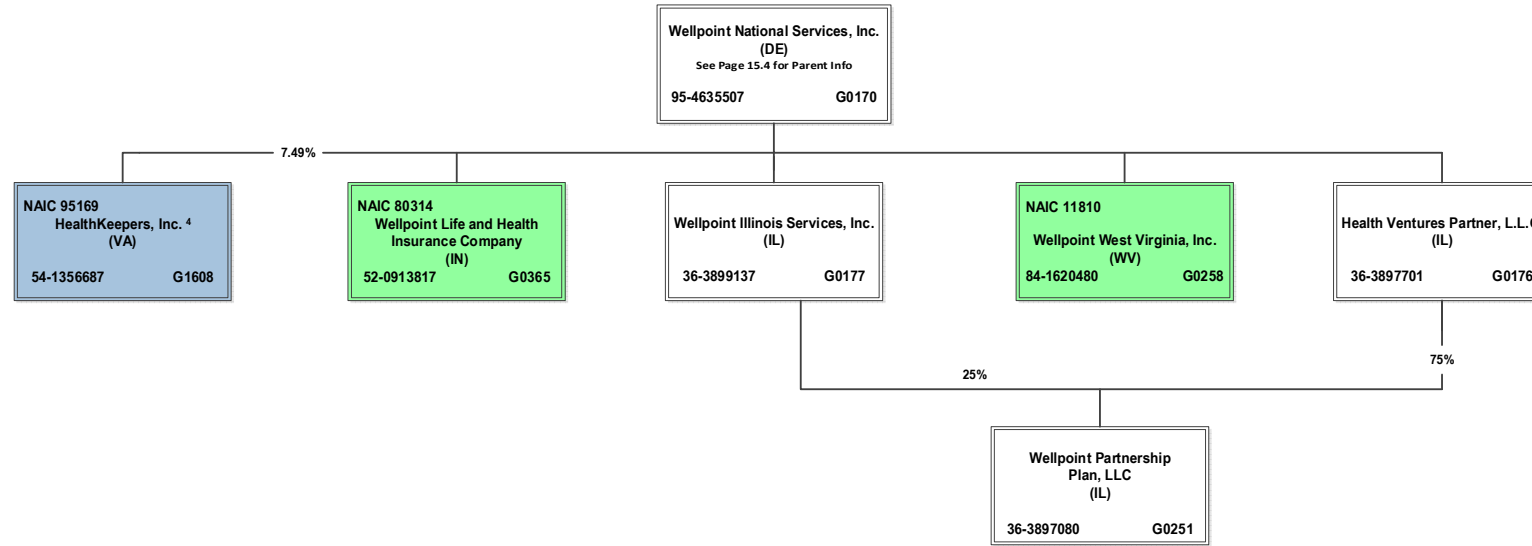


# SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

## PART 1 – ORGANIZATIONAL CHART

ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee

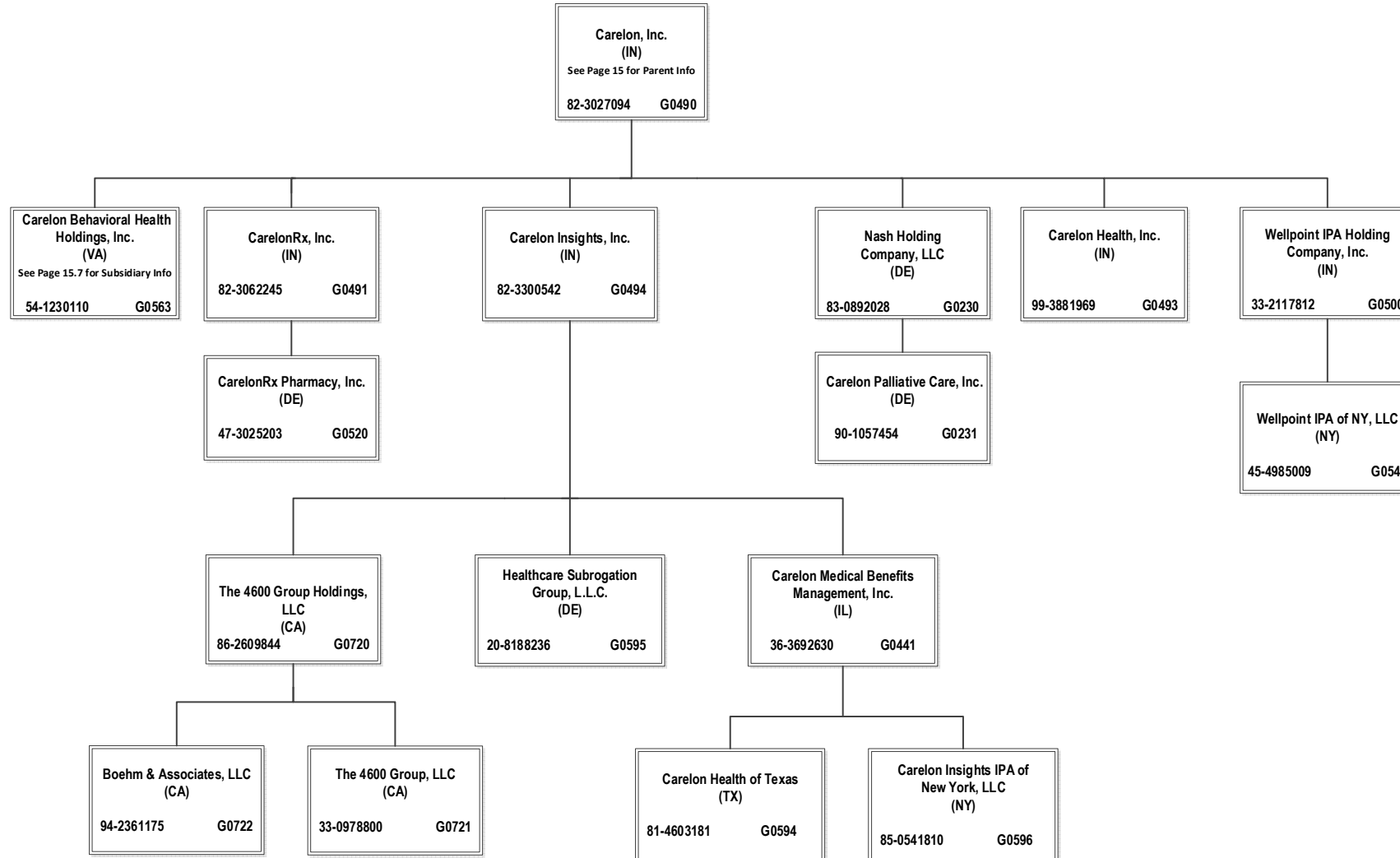


<sup>4</sup> HealthKeepers, Inc. is owned 92.51% by Anthem Southeast, Inc. and 7.49% by Wellpoint National Services, Inc.

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

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee

ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED



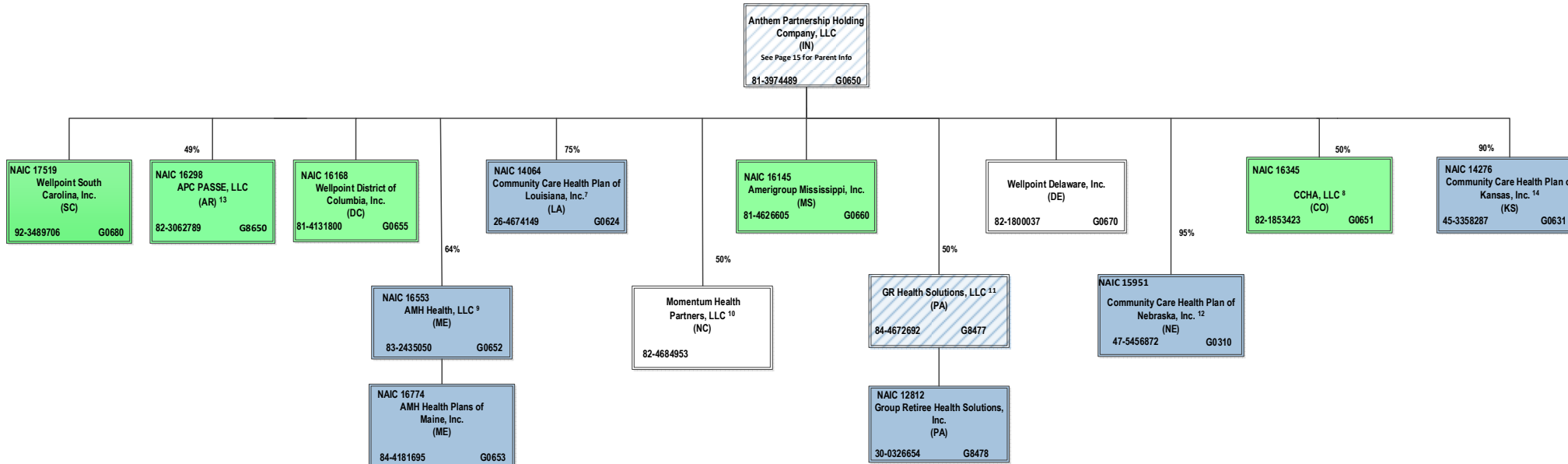




# SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

## PART 1 – ORGANIZATIONAL CHART

ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED



<sup>7</sup> Community Care Health Plan of Louisiana, Inc. is a joint venture 75% owned by Anthem Partnership Holding Company, LLC and 25% owned by Louisiana Health Service & Indemnity Company d/b/a Blue Cross and Blue Shield of Louisiana (non-affiliate)

<sup>8</sup> CCHA, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Colorado Community Health Alliance, LLC (non-affiliate)

<sup>9</sup> AMH Health, LLC is a joint venture 36% owned by MaineHealth (non-affiliate) and 64% owned by Anthem Partnership Holding Company, LLC

<sup>10</sup> Momentum Health Partners, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Blue Cross and Blue Shield of North Carolina (non-affiliate)

<sup>11</sup> GR Health Solutions, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Independence Blue Cross, LLC (non-affiliate)

<sup>12</sup> Community Care Health Plan of Nebraska, Inc. is a joint venture 95% owned by Anthem Partnership Holding Company, LLC and 5% owned by Blue Cross and Blue Shield of Nebraska, Inc. (non-affiliate).

<sup>13</sup> APC PASSE, LLC (regulated entity) is a joint venture 49% owned by Anthem Partnership Holding Company, LLC and 51% owned by Arkansas Provider Coalition, LLC (non-affiliate).

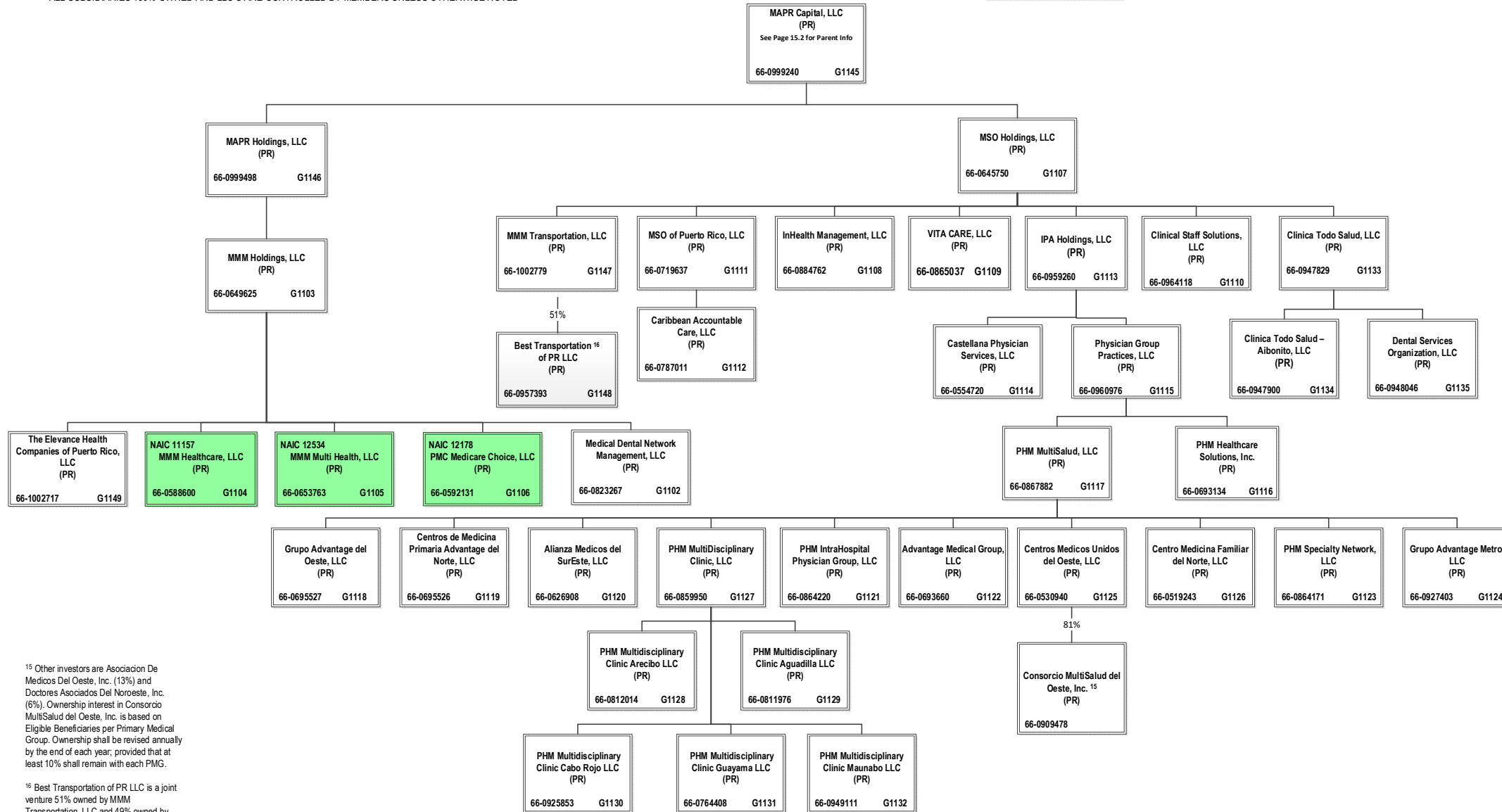
<sup>14</sup> Community Care Health Plan of Kansas, Inc. is a joint venture 90% owned by Anthem Partnership Holding Company, LLC, 5% owned by Blue Cross Blue Shield of Kansas, Inc. (non-affiliate) and 5% owned by Blue Cross and Blue Shield of Kansas City (non-affiliate).

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

## PART 1 – ORGANIZATIONAL CHART

ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee



15.10

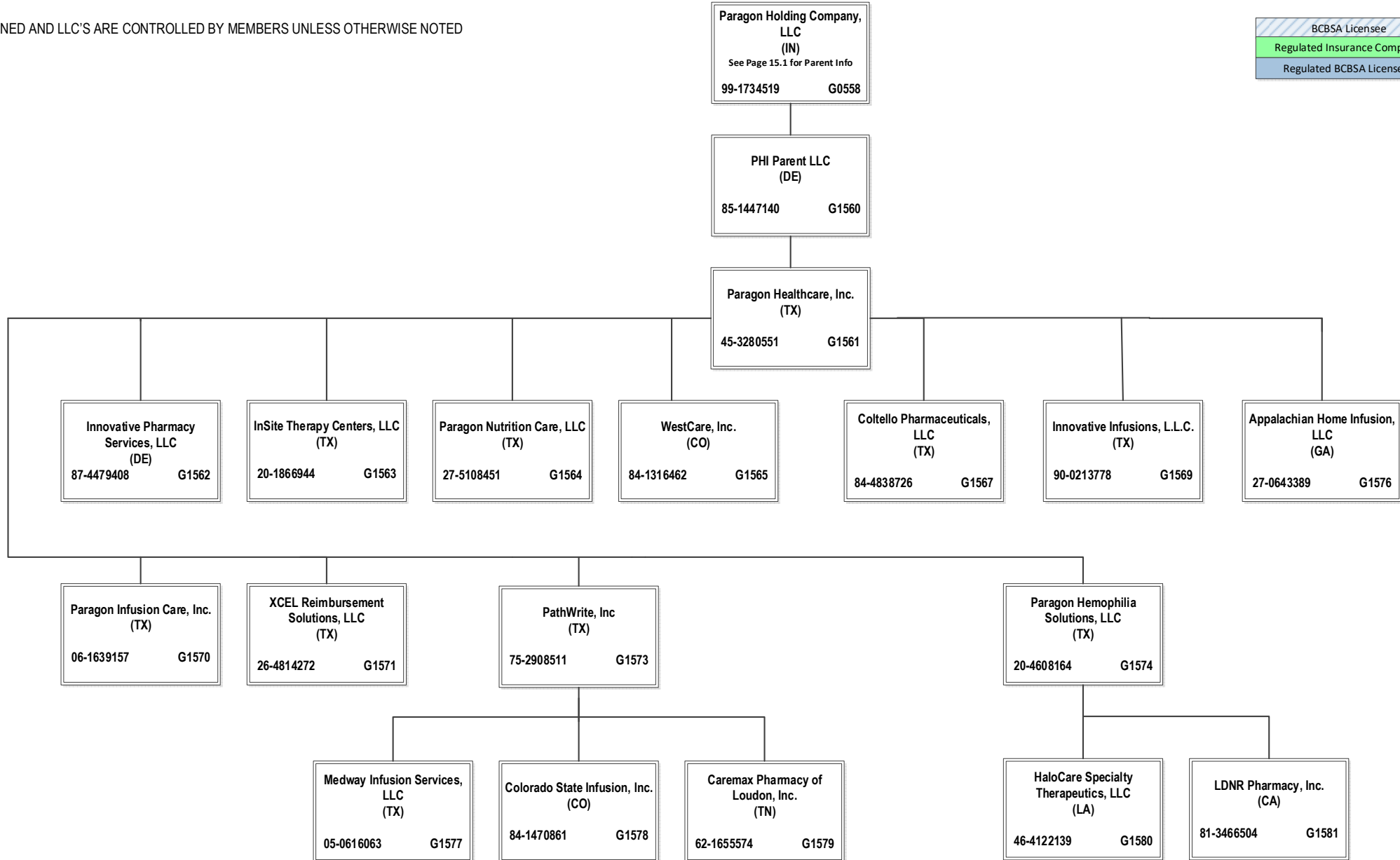
<sup>15</sup> Other investors are Asociacion De Medicos Del Oeste, Inc. (13%) and Doctores Asociados Del Noroeste, Inc. (6%). Ownership interest in Consortio MultiSalud del Oeste, Inc. is based on Eligible Beneficiaries per Primary Medical Group. Ownership shall be revised annually by the end of each year, provided that at least 10% shall remain with each PMG.

<sup>16</sup> Best Transportation of PR LLC is a joint venture 51% owned by MMM Transportation, LLC and 49% owned by Jossue A. Galguera Vizcaino, individually

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

ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee



STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Wellpoint Health Plans, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0671	Elevalnce Health, Inc.		66-0693660		0001156039		Advantage Medical Group, LLC	..PR	.....NIA	PHM MultiSalud, LLC	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.		66-0626908		0001156039		Alianza Medicos del SurEste, LLC	..PR	.....NIA	PHM MultiSalud, LLC	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.		84-2239629		0001156039		Alliance Care Management, LLC	..DE	.....NIA	Anthem HP, LLC	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.	16145	81-4626605		0001156039		Amerigroup Mississippi, Inc.	..MS	.....IA	Anthem Partnership Holding Company, LLC	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.		82-3734368		0001156039		Amerigroup Pennsylvania, Inc.	..PA	.....NIA	Wellpoint Corporation	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.	12229	06-1696189		0001156039		AMGP Georgia Managed Care Company, Inc.	..GA	.....IA	Wellpoint Corporation	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.	16774	84-4181695		0001156039		AMH Health Plans of Maine, Inc.	..ME	.....IA	AMH Health, LLC	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.	16553	83-2435050		0001156039		AMH Health, LLC	..ME	.....IA	Anthem Partnership Holding Company, LLC	Ownership	64.000	Elevalnce Health, Inc.	.....NO	0104
.0671	Elevalnce Health, Inc.		13-3934328		0001156039		Anthem Benefits Agency, Inc.	..NY	.....NIA	WellPoint Holding Corp	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.	62825	95-4331852		0001156039		Anthem Blue Cross Life and Health Insurance Company	..CA	.....IA	WellPoint California Services, Inc.	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.		35-1898945		0001156039		Anthem Financial, Inc.	..DE	.....NIA	Associated Group, Inc.	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.	95120	61-1237516		0001156039		Anthem Health Plans of Kentucky, Inc.	..KY	.....IA	ATH Holding Company, LLC	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.	52618	31-1705652		0001156039		Anthem Health Plans of Maine, Inc.	..ME	.....IA	ATH Holding Company, LLC	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.	53759	02-0510530		0001156039		Anthem Health Plans of New Hampshire, Inc.	..NH	.....IA	ATH Holding Company, LLC	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.	71835	54-0357120	40003317	0001156039		Anthem Health Plans of Virginia, Inc.	..VA	.....IA	Anthem Southeast, Inc.	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.	60217	06-1475928		0001156039		Anthem Health Plans, Inc.	..CT	.....IA	ATH Holding Company, LLC	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.	55093	23-7391136		0001156039		Anthem HealthChoice Assurance, Inc.	..NY	.....IA	WellPoint Holding Corp	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.		61-1459939		0001156039		Anthem Holding Corp.	..IN	.....NIA	Elevalnce Health, Inc.	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.	16574	13-3865627		0001156039		Anthem HP, LLC	..NY	.....IA	Wellpoint Corporation	Ownership	100.000	Elevalnce Health, Inc.	.....NO	0100
.0671	Elevalnce Health, Inc.	28207	35-0781558		0001156039		Anthem Insurance Companies, Inc.	..IN	.....IA	Elevalnce Health, Inc.	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.	15543	47-0992859		0001156039		Anthem Kentucky Managed Care Plan, Inc.	..KY	.....IA	ATH Holding Company, LLC	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.		81-3974489		0001156039		Anthem Partnership Holding Company, LLC	..IN	.....NIA	Elevalnce Health, Inc.	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.		32-0031791		0001156039		Anthem Southeast, Inc.	..IN	.....NIA	Elevalnce Health, Inc.	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.	16298	82-3062789		0001156039		APC Passe, LLC	..AR	.....IA	Anthem Partnership Holding Company, LLC	Ownership	49.000	Elevalnce Health, Inc.	.....NO	0111
.0671	Elevalnce Health, Inc.		27-0643389		0001156039		Appalachian Home Infusion, LLC	..GA	.....NIA	Paragon Healthcare, Inc.	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.		87-4518697		0001156039		APR, LLC	..IN	.....NIA	ATH Holding Company, LLC	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.		95-4640529		0001156039		Arcus Enterprises, Inc.	..DE	.....NIA	Anthem Holding Corp.	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.		35-1292384		0001156039		Associated Group, Inc.	..IN	.....NIA	Anthem Insurance Companies, Inc.	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.		11-3713086		0001156039		ATH Holding Company, LLC	..IN	.....UIP	Elevalnce Health, Inc.	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.		35-2129194		0001156039		AUMSI UM Services, Inc.	..IN	.....NIA	Wellpoint Specialty Services, Inc.	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.		66-0957393		0001156039		Best Transportation of PR, LLC	..PR	.....NIA	MM Transportation, LLC	Ownership	51.000	Elevalnce Health, Inc.	.....NO	0113
.0671	Elevalnce Health, Inc.		85-0609453		0001156039		BioPlus Parent, LLC	..DE	.....NIA	ATH Holding Company, LLC	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.		33-1465119		0001156039		BioPlus Specialty Holding Company, LLC	..IN	.....NIA	ELV Holding Company 3, LLC	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.		81-0575008		0001156039		BioPlus Specialty Infusion AL, LLC	..AL	.....NIA	BioPlus Specialty Infusion Holdings, Inc.	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.		20-3499500		0001156039		BioPlus Specialty Infusion CA, LLC	..CA	.....NIA	BioPlus Specialty Infusion Holdings, Inc.	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.		27-1853694		0001156039		BioPlus Specialty Infusion TX, LLC	..TX	.....NIA	BioPlus Specialty Infusion Holdings, Inc.	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.		45-4958559		0001156039		BioPlus Specialty Infusion Holdings, Inc.	..DE	.....NIA	BioPlus Specialty Pharmacy Holdings II, Inc.	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.		45-4958619		0001156039		BioPlus Specialty Pharmacy CA, LLC	..CA	.....NIA	BioPlus Specialty Pharmacy Holdings II, Inc.	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.		26-1136549		0001156039		BioPlus Specialty Pharmacy LA, LLC	..LA	.....NIA	BioPlus Specialty Pharmacy Holdings II, Inc.	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.		45-1501538		0001156039		BioPlus Specialty Pharmacy FL 2, LLC	..FL	.....NIA	BioPlus Specialty Pharmacy Holdings 3, LLC	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.		74-3195235		0001156039		BioPlus Specialty Pharmacy Holdings, Inc.	..DE	.....NIA	BioPlus Specialty Holding Company, LLC	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.		45-4958358		0001156039		BioPlus Specialty Pharmacy Holdings I, Inc.	..DE	.....NIA	BioPlus Specialty Pharmacy Holdings, Inc.	Ownership	100.000	Elevalnce Health, Inc.	.....NO	
.0671	Elevalnce Health, Inc.		45-4958481		0001156039		BioPlus Specialty Pharmacy Holdings II, Inc.	..DE	.....NIA	BioPlus Specialty Pharmacy Holdings I, Inc.	Ownership	100.000	Elevalnce Health, Inc.	.....NO	

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Wellpoint Health Plans, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0671	Elevance Health, Inc.		45-1501638		0001156039		BioPlus Specialty Pharmacy Holdings 3, LLC	..DE	..NIA	BioPlus Specialty Pharmacy Holdings 11, Inc.	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.		59-3622808		0001156039		BioPlus Specialty Pharmacy, Inc.	..FL	..NIA	BioPlus Specialty Pharmacy Holdings, Inc.	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.		59-2920860		0001156039		BioPlus Specialty Pharmacy Services, LLC	..FL	..NIA	BioPlus Parent, LLC	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.	..96962	58-1638390		0001156039		Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	..GA	..IA	Cerulean Companies, Inc.	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.	..54003	39-0138065		0001156039		Blue Cross Blue Shield of Wisconsin	..WI	..IA	Crossroads Acquisition Corp.	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.		95-3760980		0001156039		Blue Cross of California	..CA	..IA	WellPoint California Services, Inc.	Ownership	100.000	Elevance Health, Inc.	..NO	..0100
.0671	Elevance Health, Inc.		20-2994048		0001156039		Blue Cross of California Partnership Plan, Inc.	..CA	..IA	Blue Cross of California	Ownership	100.000	Elevance Health, Inc.	..NO	..0100
.0671	Elevance Health, Inc.		0001156039		0001156039		Boehm & Associates, LLC	..CA	..NIA	The 4600 Group Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.	..13164	26-2127080		0001156039		Capricorn Holdco, Inc.	..IN	..IA	Anthem Insurance Companies, Inc.	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.		0001156039		0001156039		Carebridge Holding Company, LLC	..IN	..NIA	ELV Holding Company 4, LLC	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.		82-5334761		0001156039		Carelon Behavioral Care, Inc.	..DE	..NIA	Carelon Behavioral Health Holdings, Inc.	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.		13-39324920		0001156039		Carelon Behavioral Health IPA, Inc.	..NY	..NIA	Carelon Behavioral Health, Inc.	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.		95-4297571		0001156039		Carelon Behavioral Health of California, Inc.	..CA	..IA	Carelon Behavioral Health, Inc.	Ownership	100.000	Elevance Health, Inc.	..NO	..0100
.0671	Elevance Health, Inc.		54-1230110		0001156039		Carelon Behavioral Health Holdings, Inc.	..VA	..NIA	Carelon, Inc.	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.		45-5208205		0001156039		Carelon Behavioral Health Strategies IPA, LLC	..NY	..NIA	Carelon Behavioral Health Strategies, LLC	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.		04-3324848		0001156039		Carelon Behavioral Health Strategies, LLC	..MA	..NIA	Beacon Health Financing LLC	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.		54-1414194		0001156039		Carelon Behavioral Health, Inc.	..VA	..NIA	Carelon Behavioral Health Holdings, Inc.	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.		98-1492098		0001156039		Carelon Digital Platforms Israel Ltd.	..ISR	..NIA	Carelon Holdings I, Inc.	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.		84-1782311		0001156039		Carelon Digital Platforms, Inc.	..IN	..NIA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.		46-0613946		0001156039		Carelon Employment Company, LLC.	..IN	..NIA	The Elevance Health Companies, Inc.	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.		98-1397080		0001156039		Carelon Global Solutions India LLP	..IN	..NIA	Carelon Holdings I, Inc.	Ownership	99.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.		98-1397080		0001156039		Carelon Global Solutions India LLP	..IN	..NIA	Carelon Holdings II, LLC	Ownership	1.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.		0001156039		0001156039		Carelon Global Solutions Ireland Limited	..IRL	..NIA	Carelon Holdings I, Inc.	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.		98-1490582		0001156039		Carelon Global Solutions Philippines, Inc.	..PHL	..NIA	Carelon Holdings I, Inc.	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.		66-0976533		0001156039		Carelon Global Solutions Puerto Rico, L.L.C.	..PR	..NIA	Carelon Holdings I, Inc.	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.		87-2164713		0001156039		Carelon Global Solutions U.S., Inc.	..IN	..NIA	Carelon Holdings I, Inc.	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.		45-4238555		0001156039		Carelon Health Federal Services, Inc.	..VA	..NIA	Carelon Behavioral Health, Inc.	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.		0001156039		0001156039		Carelon Health, Inc.	..IN	..NIA	Carelon, Inc.	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.	..15448	46-2053405		0001156039		Carelon Health of New Jersey, Inc.	..NJ	..IA	Carelon Behavioral Health, Inc.	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.	..47025	23-2918735		0001156039		Carelon Health of Pennsylvania, Inc.	..PA	..IA	Carelon Behavioral Health, Inc.	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.		81-4603181		0001156039		Carelon Health of Texas	..TX	..NIA	Carelon Medical Benefits Management, Inc.	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.		54-1237939		0001156039		Carelon Health Solutions, Inc.	..VA	..NIA	Southeast Services, Inc.	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.		82-3030791		0001156039		Carelon Holdings I, Inc.	..IN	..NIA	Elevance Health, Inc.	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.		82-3031178		0001156039		Carelon Holdings II, LLC	..IN	..NIA	Carelon Holdings I, Inc.	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.		82-3027094		0001156039		Carelon, Inc.	..IN	..NIA	Elevance Health, Inc.	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.		85-0541810		0001156039		Carelon Insights IPA of New York, LLC	..NY	..NIA	Carelon Medical Benefits Management, Inc.	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.		82-3300542		0001156039		Carelon Insights, Inc.	..IN	..NIA	Carelon, Inc.	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.		36-3692630		0001156039		Carelon Medical Benefits Management, Inc.	..IL	..NIA	Carelon Insights, Inc.	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.		90-1057454		0001156039		Carelon Palliative Care, Inc.	..DE	..NIA	Nash Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.		51-0365660		0001156039		Carelon Research, Inc.	..DE	..NIA	Arcus Enterprises, Inc.	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.		39-2013971		0001156039		Carelon Subrogation, LLC	..WI	..NIA	Compcare Health Services Insurance Corporation	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.		47-3025203		0001156039		CarelonRx Pharmacy, Inc.	..DE	..NIA	CarelonRx, Inc.	Ownership	100.000	Elevance Health, Inc.	..NO	
.0671	Elevance Health, Inc.		82-3062245		0001156039		CarelonRx, Inc.	..IN	..NIA	Carelon, Inc.	Ownership	100.000	Elevance Health, Inc.	..NO	

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Wellpoint Health Plans, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0671	Elevance Health, Inc.		62-165574		0001156039		Caremax Pharmacy of Loudon, Inc.	..TN.....	..NIA.....	PathWrite, Inc.	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.		66-0787011		0001156039		Caribbean Accountable Care, LLC	..PR.....	..NIA.....	MSO of Puerto Rico, LLC	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.		66-0554720		0001156039		Castellana Physician Services, LLC	..PR.....	..NIA.....	IPA Holdings, LLC	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.	16345	82-1853423		0001156039		CCHA, LLC	..CO.....	..IA.....	Anthem Partnership Holding Company, LLC	Ownership.....	50.000	Elevance Health, Inc.	...NO.....	0101
.0671	Elevance Health, Inc.		45-3956774		0001156039		Centers Plan for Healthy Living, LLC	..NY.....	..NIA.....	Wellpoint Corporation	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	0100
.0671	Elevance Health, Inc.		66-0695526		0001156039		Centros de Medicina Primaria Advantage del Norte, LLC	..PR.....	..NIA.....	PHM MultiSalud, LLC	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.		66-0519243		0001156039		Centros Medicina Familiar del Norte, LLC	..PR.....	..NIA.....	PHM MultiSalud, LLC	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.		66-0530940		0001156039		Centros Medicos Unidos del Oeste, LLC	..PR.....	..NIA.....	PHM MultiSalud, LLC	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.		58-2217138		0001156039		Cerulean Companies, Inc.	..GA.....	..NIA.....	Anthem Holding Corp.	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.		66-0947829		0001156039		Clinica Todo Salud, LLC	..PR.....	..NIA.....	MSO Holdings, LLC	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.		66-0947900		0001156039		Clinica Todo Salud-Aibonito, LLC	..PR.....	..NIA.....	Clinica Todo Salud, LLC	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.		66-0964118		0001156039		Clinical Staff Solutions, LLC	..PR.....	..NIA.....	MSO Holdings, LLC	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.		84-1470861		0001156039		Colorado State Infusion, Inc.	..CO.....	..NIA.....	PathWrite, Inc.	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.		84-4838726		0001156039		Coltello Pharmaceuticals, LLC	..TX.....	..NIA.....	Paragon Healthcare, Inc.	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.	14276	45-3358287		0001156039		Community Care Health Plan of Kansas, Inc.	..KS.....	..IA.....	Anthem Partnership Holding Company, LLC	Ownership.....	90.000	Elevance Health, Inc.	...NO.....	0110
.0671	Elevance Health, Inc.	14064	26-4674149		0001156039		Community Care Health Plan of Louisiana, Inc.	..LA.....	..IA.....	Anthem Partnership Holding Company, LLC	Ownership.....	75.000	Elevance Health, Inc.	...NO.....	0103
.0671	Elevance Health, Inc.	15951	47-5456872		0001156039		Community Care Health Plan of Nebraska, Inc	..NE.....	..IA.....	Anthem Partnership Holding Company, LLC	Ownership.....	95.000	Elevance Health, Inc.	...NO.....	0108
.0671	Elevance Health, Inc.	12586	20-3317697		0001156039		Community Care Health Plan of Nevada, Inc.	..NV.....	..IA.....	Wellpoint Corporation	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.	10345	31-1440175		0001156039		Community Insurance Company	..OH.....	..IA.....	ATH Holding Company, LLC	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.	95693	39-1462554		0001156039		CompCare Health Services Insurance Corporation	..WI.....	..IA.....	Blue Cross Blue Shield of Wisconsin	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.		66-0909478		0001156039		Consortio MultiSalud del Oeste, Inc.	..PR.....	..NIA.....	Centros Medicos Unidos del Oeste, LLC	Ownership.....	81.000	Elevance Health, Inc.	...NO.....	0102
.0671	Elevance Health, Inc.		20-0334650		0001156039		Crossroads Acquisition Corp.	..DE.....	..NIA.....	Anthem Holding Corp.	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.		41-1905556		0001156039		DeCare Analytics, LLC	..MN.....	..NIA.....	DeCare Dental, LLC	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.		02-0574609		0001156039		DeCare Dental Health International, LLC	..MN.....	..NIA.....	DeCare Dental, LLC	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.				0001156039		DeCare Dental Insurance Ireland, Ltd.	..IRL.....	..NIA.....	DeCare Dental, LLC	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.		73-1665525		0001156039		DeCare Dental Networks, LLC	..MN.....	..NIA.....	DeCare Dental, LLC	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.		01-0822645		0001156039		DeCare Dental, LLC	..MN.....	..NIA.....	Anthem Holding Corp.	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.				0001156039		DeCare Operations Ireland, Limited	..IRL.....	..NIA.....	DeCare Dental, LLC	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.		20-0660775		0001156039		Delivery Network, LLC	..FL.....	..NIA.....	Highland Acquisition Holdings, LLC	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.		66-0948046		0001156039		Dental Services Organization, LLC	..PR.....	..NIA.....	Clinica Todo Salud, LLC	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.		26-2544715		0001156039		Designated Agent Company, Inc.	..KY.....	..NIA.....	Anthem Health Plans of Kentucky, Inc.	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.		45-3666871		0001156039		Dogwood Pharmacy, LLC	..FL.....	..NIA.....	BioPlus Parent, LLC	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.		27-2844373		0001156039		EasyScripts Cutler Bay, LLC	..FL.....	..NIA.....	Highland Acquisition Holdings, LLC	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.		26-2974996		0001156039		EasyScripts Hialeah, LLC	..FL.....	..NIA.....	Highland Acquisition Holdings, LLC	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.		30-0478573		0001156039		EasyScripts LLC	..FL.....	..NIA.....	Highland Acquisition Holdings, LLC	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.		46-0613819		0001156039		EasyScripts Westchester, LLC	..FL.....	..NIA.....	Highland Acquisition Holdings, LLC	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.		45-2736438		0001156039		Elevance Health Information Technology Services, Inc.	..CA.....	..NIA.....	Blue Cross of California	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.		35-2145715		0001156039	New York Stock Exchange (NYSE)	Elevance Health, Inc.	..IN.....	..UIP.....				Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.				0001156039		ELV Holding Company 4, LLC	..IN.....	..NIA.....	ATH Holding Company, LLC	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.		33-1446422		0001156039		ELV Holding Company 3, LLC	..IN.....	..NIA.....	ATH Holding Company, LLC	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.		99-1735633		0001156039		ELV Holding Company 2, LLC	..IN.....	..NIA.....	ATH Holding Company, LLC	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.		93-3287081		0001156039		ELV Holding Company, LLC	..IN.....	..NIA.....	ATH Holding Company, LLC	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.		66-0616318		0001156039		Farmacia Doral, Inc.	..PR.....	..NIA.....	BioPlus Specialty Pharmacy, Inc.	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.		26-4286154		0001156039		Federal Government Solutions, LLC	..WI.....	..NIA.....	ATH Holding Company, LLC	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	
.0671	Elevance Health, Inc.	10119	41-2128275		0001156039		Freedom Health, Inc.	..FL.....	..IA.....	Wellpoint Corporation	Ownership.....	100.000	Elevance Health, Inc.	...NO.....	

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Wellpoint Health Plans, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0671	Elevance Health, Inc.				0001156039		Freedom SPV, Inc.	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.				0001156039		Government Healthcare Solutions LLC	DE	NIA	National Government Services, Inc.	Ownership	49.000	Elevance Health, Inc.	NO	0112
.0671	Elevance Health, Inc.		84-4672692		0001156039		GR Health Solutions LLC	PA	NIA	Anthem Partnership Holding Company, LLC	Ownership	50.000	Elevance Health, Inc.	NO	0106
.0671	Elevance Health, Inc.	93521	95-3670351		0001156039		Granular Insurance Company	SC	IA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		92-0268281		0001156039		GranularRe, Inc.	SC	IA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	0100
.0671	Elevance Health, Inc.	12812	30-0326654		0001156039		Group Retiree Health Solutions, Inc.	PA	IA	GR Health Solutions LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0695527		0001156039		Grupo Advantage del Oeste, LLC	PR	NIA	PHM MultiSalud, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0927403		0001156039		Grupo Advantage Metro, LLC	PR	NIA	PHM MultiSalud, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		46-4122139		0001156039		HaloCare Specialty Therapeutics, LLC	LA	NIA	Paragon Hemophilia Solutions, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		36-3897701		0001156039		Health Ventures Partner, L.L.C.	IL	NIA	Wellpoint National Services, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		20-8188236		0001156039		Healthcare Subrogation Group, LLC	DE	NIA	Carelon Insights, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	95169	54-1356687		0001156039		HealthKeepers, Inc.	VA	IA	Anthem Southeast, Inc.	Ownership	92.510	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	95169	54-1356687		0001156039		HealthKeepers, Inc.	VA	IA	Wellpoint National Services, Inc.	Ownership	7.490	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		43-1616135		0001156039		HealthLink Administrators, Inc.	MO	NIA	HealthLink, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		43-1364135		0001156039		HealthLink, Inc.	IL	NIA	RightCHOICE Managed Care, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	10122	20-0982649		0001156039		HealthSun Health Plans, Inc.	FL	IA	Wellpoint Corporation	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		46-3434016		0001156039		HealthSun Physicians Network I, LLC	FL	NIA	HealthSun Physicians Network, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		46-5250294		0001156039		HealthSun Physicians Network, LLC	FL	NIA	Delivery Network, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	78972	86-0257201		0001156039		Healthy Alliance Life Insurance Company	MO	IA	RightCHOICE Managed Care, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		81-3471305		0001156039		Highland Acquisition Holdings, LLC	DE	NIA	Highland Intermediate Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		81-3487249		0001156039		Highland Intermediate Holdings, LLC	DE	NIA	Highland Investor Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		81-3493196		0001156039		Highland Investor Holdings, LLC	DE	NIA	ATH Holding Company, LLC	Ownership	98.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		81-3493196		0001156039		Highland Investor Holdings, LLC	DE	NIA	Wellpoint Corporation	Ownership	2.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	95473	84-1017384		0001156039		HMO Colorado, Inc.	CO	IA	Rocky Mountain Hospital and Medical Service, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	95358	37-1216698		0001156039		HMO Missouri, Inc.	MO	IA	RightCHOICE Managed Care, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		83-2158120		0001156039		IEC Group Holdings, Inc.	ID	NIA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		82-0497661		0001156039		IEC Group, Inc. d/b/a AmeriBen	ID	NIA	IEC Group Holdings, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0884762		0001156039		InHealth Management, LLC	PR	NIA	MSO Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		90-0213778		0001156039		Innovative Infusions, LLC	TX	NIA	Paragon Healthcare, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		87-4479408		0001156039		Innovative Pharmacy Services, LLC	TX	NIA	Paragon Healthcare, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		20-1866944		0001156039		InSite Therapy Centers, LLC	TX	NIA	Paragon Healthcare, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0959260		0001156039		IPA Holdings, LLC	PR	NIA	MSO Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		81-3466504		0001156039		LDNR Pharmacy, Inc.	CA	NIA	Paragon Hemophilia Solutions, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		02-0581429		0001156039		Living Complete Technologies, Inc.	MD	NIA	Carelon Behavioral Health, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0999240		0001156039		MAPR Capital, LLC	PR	NIA	MAPR Global, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0999355		0001156039		MAPR Global, LLC	PR	NIA	APR, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0999498		0001156039		MAPR Holdings, LLC	PR	NIA	MAPR Capital, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		04-3307857		0001156039		Massachusetts Behavioral Health Partnership	MA	NIA	Carelon Behavioral Health, Inc.	Ownership	50.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		04-3307857		0001156039		Massachusetts Behavioral Health Partnership	MA	NIA	OPTIONS Health Care, Inc.	Ownership	50.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	95527	02-0494919		0001156039		Matthew Thornton Health Plan, Inc.	NH	IA	Anthem Health Plans of New Hampshire, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0823267		0001156039		Medical Dental Network Management, LLC	PR	NIA	MMM Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		05-0616063		0001156039		Medway Infusion Services, LLC	TX	NIA	PathWrite, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	12913	20-5862801		0001156039		Missouri Care, Incorporated	MO	IA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	11157	66-0588600		0001156039		MMM Healthcare, LLC	PR	IA	MMM Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-0649625		0001156039		MMM Holdings, LLC	PR	NIA	MAPR Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	12534	66-0653763		0001156039		MMM Multi Health, LLC	PR	IA	MMM Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-1002779		0001156039		MMM Transportation, LLC	PR	NIA	MSO Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Wellpoint Health Plans, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0671	Elevance Health, Inc.		82-4684953		0001156039		Momentum Health Partners, LLC	..NC.....	..NIA.....	Anthem Partnership Holding Company, LLC	Ownership.....	..50.000	Elevance Health, Inc.	..NO.....	..0105
.0671	Elevance Health, Inc.		66-0645750		0001156039		MISO Holdings, LLC	..PR.....	..NIA.....	MAPR Capital, LLC	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		66-0719637		0001156039		MISO of Puerto Rico, LLC	..PR.....	..NIA.....	MISO Holdings, LLC	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		83-0892028		0001156039		Nash Holding Company, LLC	..DE.....	..NIA.....	Carelon, Inc.	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		35-1840597		0001156039		National Government Services, Inc.	..IN.....	..NIA.....	Federal Government Solutions, LLC	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		04-2919509		0001156039		New England Research Institute, Inc.	..MA.....	..NIA.....	Carelon Research, Inc.	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		81-5476630		0001156039		NGS Federal, LLC	..IN.....	..NIA.....	Federal Government Solutions, LLC	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.	12259	20-1336412		0001156039		Optimum Healthcare, Inc.	..FL.....	..IA.....	Wellpoint Corporation	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		54-1826967		0001156039		OPTIONS Health Care, Inc.	..DE.....	..NIA.....	Carelon Behavioral Health, Inc.	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		45-3280551		0001156039		Paragon Healthcare, Inc.	..TX.....	..NIA.....	PHI Parent LLC	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		20-4608164		0001156039		Paragon Hemophilia Solutions, Inc.	..TX.....	..NIA.....	Paragon Healthcare, Inc.	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		99-1734519		0001156039		Paragon Holding Company, LLC	..IN.....	..NIA.....	ELV Holding Company 2, LLC	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		06-1639157		0001156039		Paragon Infusion Care, Inc.	..TX.....	..NIA.....	Paragon Healthcare, Inc.	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		27-5108451		0001156039		Paragon Nutrition Care LLC	..TX.....	..NIA.....	Paragon Healthcare, Inc.	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		27-1991772		0001156039		Pasteur Medical Bird Road, LLC	..FL.....	..NIA.....	Highland Acquisition Holdings, LLC	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		20-2749389		0001156039		Pasteur Medical Center, LLC	..DE.....	..NIA.....	Highland Acquisition Holdings, LLC	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		27-1366915		0001156039		Pasteur Medical Cutler Bay, LLC	..FL.....	..NIA.....	Highland Acquisition Holdings, LLC	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		20-0610128		0001156039		Pasteur Medical Group, LLC	..FL.....	..NIA.....	Highland Acquisition Holdings, LLC	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		37-1668303		0001156039		Pasteur Medical Hialeah Gardens, LLC	..FL.....	..NIA.....	Highland Acquisition Holdings, LLC	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		47-3464152		0001156039		Pasteur Medical Kendall, LLC	..FL.....	..NIA.....	Highland Acquisition Holdings, LLC	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		27-2810478		0001156039		Pasteur Medical Management, LLC	..FL.....	..NIA.....	Highland Acquisition Holdings, LLC	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		33-1217936		0001156039		Pasteur Medical Miami Gardens, LLC	..FL.....	..NIA.....	Highland Acquisition Holdings, LLC	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		27-2651017		0001156039		Pasteur Medical North Miami Beach, LLC	..FL.....	..NIA.....	Highland Acquisition Holdings, LLC	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		26-0813665		0001156039		Pasteur Medical Partners, LLC	..FL.....	..NIA.....	Highland Acquisition Holdings, LLC	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		75-2908511		0001156039		PathWrite, Inc.	..TX.....	..NIA.....	Paragon Healthcare, Inc.	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		85-1447140		0001156039		PHI Parent LLC	..DE.....	..NIA.....	Paragon Holding Company, LLC	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		66-0693134		0001156039		PHM Healthcare Solutions, Inc.	..PR.....	..NIA.....	Physician Group Practices, LLC	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		66-0864220		0001156039		PHM IntraHospital Physician Group, LLC	..PR.....	..NIA.....	PHM MultiSalud, LLC	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		66-0811976		0001156039		PHM Multidisciplinary Clinic Aguadilla LLC	..PR.....	..NIA.....	PHM MultiDisciplinary Clinic, LLC	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		66-0812014		0001156039		PHM Multidisciplinary Clinic Arecibo LLC	..PR.....	..NIA.....	PHM MultiDisciplinary Clinic, LLC	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		66-0925853		0001156039		PHM Multidisciplinary Clinic Cabo Rojo LLC	..PR.....	..NIA.....	PHM MultiDisciplinary Clinic, LLC	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		66-0764408		0001156039		PHM Multidisciplinary Clinic Guayama LLC	..PR.....	..NIA.....	PHM MultiDisciplinary Clinic, LLC	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		66-0949111		0001156039		PHM Multidisciplinary Clinic Maunabo LLC	..PR.....	..NIA.....	PHM MultiDisciplinary Clinic, LLC	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		66-0859950		0001156039		PHM MultiDisciplinary Clinic, LLC	..PR.....	..NIA.....	PHM MultiSalud, LLC	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		66-0867882		0001156039		PHM MultiSalud, LLC	..PR.....	..NIA.....	Physician Group Practices, LLC	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		66-0864171		0001156039		PHM Specialty Network, LLC	..PR.....	..NIA.....	PHM MultiSalud, LLC	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		66-0960976		0001156039		Physician Group Practices, LLC	..PR.....	..NIA.....	IPA Holdings, LLC	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.	12178	66-0592131		0001156039		PMC Medicare Choice, LLC	..PR.....	..IA.....	MMM Holdings, LLC	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		47-5139459		0001156039		Raina Rx LLC	..NY.....	..NIA.....	BioPlus Parent, LLC	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		47-0851593		0001156039		RightCHOICE Managed Care, Inc.	..DE.....	..NIA.....	Anthem Holding Corp.	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		45-3667026		0001156039		River Medical Pharmacy, LLC	..FL.....	..NIA.....	BioPlus Parent, LLC	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.	11011	84-0747736		0001156039		Rocky Mountain Hospital and Medical Service, Inc.	..CO.....	..IA.....	ATH Holding Company, LLC	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		82-2751942		0001156039		RSV 002B LTSS, Inc.	..DE.....	..NIA.....	Carebridge Holding Company, LLC	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		46-2787212		0001156039		Santa Barbara Specialty Pharmacy, LLC	..CA.....	..NIA.....	BioPlus Parent, LLC	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		20-0473316		0001156039		SelICore, Inc.	..DE.....	..NIA.....	Elevance Health, Inc.	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.	13726	27-0945036		0001156039		Simply Healthcare Plans, Inc.	..FL.....	..IA.....	Wellpoint Corporation	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		55-0712302		0001156039		Southeast Services, Inc.	..VA.....	..NIA.....	Anthem Southeast, Inc.	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	
.0671	Elevance Health, Inc.		45-4071004		0001156039		State Sponsored Services, Inc.	..IN.....	..NIA.....	Wellpoint Specialty Services, Inc.	Ownership.....	..100.000	Elevance Health, Inc.	..NO.....	

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Wellpoint Health Plans, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0671	Elevance Health, Inc.				0001156039		The 4600 Group Holdings, LLC	CA	NIA	Carelon Insights, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.				0001156039		The 4600 Group, LLC	CA	NIA	The 4600 Group Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		45-5443372		0001156039		The Elevance Health Companies of California, Inc.	CA	NIA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		66-1002717		0001156039		The Elevance Health Companies of Puerto Rico, LLC	PR	NIA	MM Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		35-1835818		0001156039		The Elevance Health Companies, Inc.	IN	NIA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		85-3592292		0001156039		TriADD NY, LLC dba MyCompass	NY	NIA	Alliance Care Management, LLC	Ownership	25.000	Elevance Health, Inc.	NO	0109
.0671	Elevance Health, Inc.		66-0865037		0001156039		VITA CARE, LLC	PR	NIA	MSO Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		20-0660563		0001156039		WellMax Health Medical Centers, LLC	FL	NIA	Delivery Network, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		20-0660644		0001156039		WellMax Health Physicians Network, LLC	FL	NIA	Delivery Network, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		20-4405193		0001156039		WellPoint Acquisition, LLC	IN	NIA	Elevance Health, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		95-4640531		0001156039		WellPoint California Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		54-1739323		0001156039		Wellpoint Corporation	DE	UDP	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		82-1800037		0001156039		Wellpoint Delaware, Inc.	DE	NIA	Anthem Partnership Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		95-4657170		0001156039		WellPoint Dental Services, Inc.	DE	NIA	Wellpoint Specialty Services, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	16168	81-4131800		0001156039		Wellpoint District of Columbia, Inc.	DC	IA	Anthem Partnership Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		47-2546820		0001156039		Wellpoint Federal Corporation	IN	NIA	Federal Government Solutions, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	10767	13-4212818		0001156039		Wellpoint Health Plans, Inc.	OH	RE	Wellpoint Corporation	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		81-2874917		0001156039		WellPoint Health Solutions, Inc.	DE	NIA	Federal Government Solutions, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		20-3620996		0001156039		WellPoint Holding Corp	DE	NIA	Elevance Health, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		36-3899137		0001156039		Wellpoint Illinois Services, Inc.	IL	NIA	Wellpoint National Services, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	14078	45-2485907		0001156039		Wellpoint Insurance Company	TX	IA	Wellpoint Corporation	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		36-4595641		0001156039		WellPoint Insurance Services, Inc.	HI	IA	Elevance Health, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	0100
.0671	Elevance Health, Inc.	15807	47-3863197		0001156039		Wellpoint Iowa, Inc.	IA	IA	Wellpoint Corporation	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.				0001156039		WellPoint IPA Holding Company, Inc.	IN	NIA	Carelon, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		45-4985009		0001156039		Wellpoint IPA of New York, LLC	NY	NIA	Carelon Health of Virginia, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	80314	52-0913817		0001156039		Wellpoint Life and Health Insurance Company	IN	IA	Wellpoint National Services, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	95832	51-0387398		0001156039		Wellpoint Maryland, Inc.	MD	IA	Wellpoint Corporation	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		95-4635507		0001156039		Wellpoint National Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	95373	22-3375292		0001156039		Wellpoint New Jersey, Inc.	NJ	IA	Wellpoint Corporation	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	12354	20-2073598		0001156039		WellPoint New Mexico, Inc.	NM	IA	Wellpoint Corporation	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		36-3897080		0001156039		Wellpoint Partnership Plan, LLC	IL	NIA	Health Ventures Partner, L.L.C.	Ownership	75.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		36-3897080		0001156039		Wellpoint Partnership Plan, LLC	IL	NIA	Wellpoint Illinois Services, Inc.	Ownership	25.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	17519	32-3489706		0001156039		Wellpoint South Carolina, Inc.	SC	IA	Anthem Partnership Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		77-0494551		0001156039		Wellpoint Specialty Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	12941	20-4776597		0001156039		Wellpoint Tennessee, Inc.	TN	IA	Wellpoint Corporation	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	95314	75-2603231		0001156039		Wellpoint Texas, Inc.	TX	IA	Wellpoint Corporation	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	14073	27-3510384		0001156039		Wellpoint Washington, Inc.	WA	IA	Wellpoint Corporation	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.	11810	84-1620480		0001156039		Wellpoint West Virginia, Inc.	WV	IA	Wellpoint National Services, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		84-1316462		0001156039		WestCare, Inc.	CO	NIA	Paragon Healthcare, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
.0671	Elevance Health, Inc.		26-4814272		0001156039		XCEL Reimbursement Solutions, LLC	TX	NIA	Paragon Healthcare, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	

Asterisk	Explanation
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STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Wellpoint Health Plans, Inc.

0101	.....	CCHA, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Colorado Community Health Alliance, LLC, a non-affiliate. ....
0102	.....	Owned 81% by Centros Medicos Unidos del Oeste, LLC, 13% by Asociacion de Medicos del Oeste, Inc. (a non-affiliate) and 6% by Doctores Asociados del Noroeste, Inc. (a non-affiliate). ....
0103	.....	Community Care Health Plan of Louisiana, Inc. is a joint venture 75% owned by Anthem Partnership Holding Company, LLC and 25% owned by Louisiana Health Service & Indemnity Company d/b/a Blue Cross and Blue Shield of Louisiana (a non-affiliate). ....
0104	.....	AMH Health, LLC is a joint venture 64% owned by Anthem Partnership Holding Company, LLC and 36% by MaineHealth, a non-affiliate. ....
0105	.....	Momentum Health Partners, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Blue Cross and Blue Shield of North Carolina, a non-affiliate. ....
0106	.....	GR Health Solutions, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Independence Blue Cross, LLC, a non-affiliate. ....
0107	.....	Owned 50% by Centro Medicina Familiar del Norte, LLC and 50% by ACO del Norte, LLC, a non-affiliated entity. ....
0108	.....	Community Care Health Plan of Nebraska, Inc. is a joint venture 95% owned by Anthem Partnership Holding Company, LLC and 5% owned by Blue Cross and Blue Shield of Nebraska, a non-affiliate. ....
0109	.....	TriADD NY, LLC dba MyCompass (NY) is owned 25% by Alliance Care Management, LLC and 75% by non-affiliates. ....
0110	.....	Community Care Health Plan of Kansas, Inc. is a joint venture 90% owned by Anthem Partnership Holding Company, LLC, 5% owned by Blue Cross and Blue Shield of Kansas (a non-affiliate), and 5% owned by Blue Cross and Blue Shield of Kansas City, a non-affiliate. ....
0111	.....	APC Passe, LLC is 49% owned by Anthem Partnership Holding Company, LLC and 51% owned by the Arkansas Provider Coalition, LLC, which is not affiliated with Anthem, Inc. ....
0112	.....	Government Healthcare Solutions LLC. is a joint venture 49% owned by National Government Services, Inc. and 51% owned by MKS2 LLC (non-affiliate) ....
0113	.....	Best Transportation of PR, LLC is a joint venture 51% owned by MMM Transportation, LLC and 49% owned by a non-affiliate. ....

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

**AUGUST FILING**

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

Explanation:

1.

Bar Code:

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



**OVERFLOW PAGE FOR WRITE-INS**

**NONE**

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Wellpoint Health Plans, Inc.

**SCHEDULE A - VERIFICATION**

Real Estate

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

**NONE**

**SCHEDULE B - VERIFICATION**

Mortgage Loans

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

**NONE**

**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

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

**NONE**

**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	16,298,315	16,944,717
2. Cost of bonds and stocks acquired .....	561,025	
3. Accrual of discount .....	22,778	86,525
4. Unrealized valuation increase/(decrease) .....	0	
5. Total gain (loss) on disposals .....	1,077,413	
6. Deduct consideration for bonds and stocks disposed of .....	16,610,185	
7. Deduct amortization of premium .....	16,771	732,927
8. Total foreign exchange change in book/adjusted carrying value .....	0	
9. Deduct current year's other than temporary impairment recognized .....	0	
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....	0	
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	1,332,575	16,298,315
12. Deduct total nonadmitted amounts .....	0	
13. Statement value at end of current period (Line 11 minus Line 12)	1,332,575	16,298,315

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Wellpoint Health Plans, Inc.

**SCHEDULE D - PART 1B**

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>ISSUER CREDIT OBLIGATIONS (ICO)</b>								
1. NAIC 1 (a) .....	1,276,307	0	500,000	556,268	1,280,703	1,276,307	1,332,575	10,355,579
2. NAIC 2 (a) .....	0	0	0	0	1	0	0	5,942,736
3. NAIC 3 (a) .....	0	0	0	0	0	0	0	0
4. NAIC 4 (a) .....	0	0	0	0	0	0	0	0
5. NAIC 5 (a) .....	0	0	0	0	0	0	0	0
6. NAIC 6 (a) .....	0	0	0	0	0	0	0	0
7. Total ICO	1,276,307	0	500,000	556,268	1,280,704	1,276,307	1,332,575	16,298,315
<b>ASSET-BACKED SECURITIES (ABS)</b>								
8. NAIC 1 .....	0	0	0	0	0	0	0	0
9. NAIC 2 .....	0	0	0	0	0	0	0	0
10. NAIC 3 .....	0	0	0	0	0	0	0	0
11. NAIC 4 .....	0	0	0	0	0	0	0	0
12. NAIC 5 .....	0	0	0	0	0	0	0	0
13. NAIC 6 .....	0	0	0	0	0	0	0	0
14. Total ABS	0	0	0	0	0	0	0	0
<b>PREFERRED STOCK</b>								
15. NAIC 1 .....	0	0	0	0	0	0	0	0
16. NAIC 2 .....	0	0	0	0	0	0	0	0
17. NAIC 3 .....	0	0	0	0	0	0	0	0
18. NAIC 4 .....	0	0	0	0	0	0	0	0
19. NAIC 5 .....	0	0	0	0	0	0	0	0
20. NAIC 6 .....	0	0	0	0	0	0	0	0
21. Total Preferred Stock	0	0	0	0	0	0	0	0
22. Total ICO, ABS & Preferred Stock	1,276,307	0	500,000	556,268	1,280,704	1,276,307	1,332,575	16,298,315

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

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

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Schedule DA - Part 1 - Short-Term Investments

**N O N E**

Schedule DA - Verification - Short-Term Investments

**N O N E**

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

**N O N E**

Schedule DB - Part B - Verification - Futures Contracts

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

**SCHEDULE E - PART 2 - VERIFICATION**

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	5
2. Cost of cash equivalents acquired .....	20,508,800	17,605
3. Accrual of discount .....	0	0
4. Unrealized valuation increase/(decrease) .....	0	0
5. Total gain (loss) on disposals .....	0	0
6. Deduct consideration received on disposals .....	20,508,800	17,610
7. Deduct amortization of premium .....	0	0
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	0	0
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

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

**NONE**

Schedule A - Part 3 - Real Estate Disposed

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired

**NONE**

STATEMENT AS OF SEPTEMBER 30, 2025 OF THE Wellpoint Health Plans, Inc.

**SCHEDULE D - PART 4**

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	Change In Book/Adjusted Carrying Value					15	16	17	18	19	20	21		
									10	11	12	13	14									
CUSIP Identification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Other Than Temporary Impairment Recognized	Total Change in Book/Adjusted Carrying Value (10 + 11 - 12)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol		
158843-HY-4	CHANDLER ARIZ	07/01/2025	Maturity @ 100.00		500,000	500,000	528,165	501,829	0	(1,829)	0	(1,829)	0	500,000	0	0	0	15,000	07/01/2025	1-A FE		
0049999999. Subtotal - Issuer Credit Obligations - Municipal Bonds - General Obligations (Direct and Guaranteed)					500,000	500,000	528,165	501,829	0	(1,829)	0	(1,829)	0	500,000	0	0	0	15,000		XXX	XXX	
0489999999. Total - Issuer Credit Obligations (Unaffiliated)					500,000	500,000	528,165	501,829	0	(1,829)	0	(1,829)	0	500,000	0	0	0	15,000		XXX	XXX	
0499999999. Total - Issuer Credit Obligations (Affiliated)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		XXX	XXX
0509999997. Total - Issuer Credit Obligations - Part 4					500,000	500,000	528,165	501,829	0	(1,829)	0	(1,829)	0	500,000	0	0	0	15,000		XXX	XXX	
0509999998. Total - Issuer Credit Obligations - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
0509999999. Total - Issuer Credit Obligations					500,000	500,000	528,165	501,829	0	(1,829)	0	(1,829)	0	500,000	0	0	0	15,000		XXX	XXX	
1889999999. Total - Asset-Backed Securities (Unaffiliated)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		XXX	XXX
1899999999. Total - Asset-Backed Securities (Affiliated)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		XXX	XXX
1909999997. Total - Asset-Backed Securities - Part 4					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		XXX	XXX
1909999998. Total - Asset-Backed Securities - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
1909999999. Total - Asset-Backed Securities					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		XXX	XXX
2009999999. Total - Issuer Credit Obligations and Asset-Backed Securities					500,000	500,000	528,165	501,829	0	(1,829)	0	(1,829)	0	500,000	0	0	0	15,000		XXX	XXX	
4509999997. Total - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0		XXX	XXX
4509999998. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
4509999999. Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0		XXX	XXX
5989999997. Total - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0		XXX	XXX
5989999998. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
5989999999. Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0		XXX	XXX
5999999999. Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0		XXX	XXX
6009999999 - Totals					500,000	XXX	528,165	501,829	0	(1,829)	0	(1,829)	0	500,000	0	0	0	15,000		XXX	XXX	

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

**N O N E**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

**N O N E**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

**N O N E**



Schedule E - Part 2 - Cash Equivalents - Investments Owned End of Current Quarter

**N O N E**