



HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2024
OF THE CONDITION AND AFFAIRS OF THE
Wellpoint Ohio, Inc.

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

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

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

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

Main Administrative Office 5800 Northhampton Blvd (Street and Number) Norfolk, VA, US 23502 (City or Town, State, Country and Zip Code) 757-490-6900 (Area Code) (Telephone Number)

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

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

Internet Website Address www.elevancehealth.com

Statutory Statement Contact Jill M. Waddell (Name) 262-202-1569 (Area Code) (Telephone Number)
jill.waddell@elevancehealth.com (E-mail Address) 262-523-4945 (FAX Number)

OFFICERS

President/Chairperson	<u>Kristen Louise Metzger</u>	Treasurer	<u>Vincent Edward Scher</u>
Secretary	<u>Kathleen Susan Kiefer</u>	Assistant Treasurer	<u>Eric (Rick) Kenneth Noble</u>

OTHER

Jennifer Ann Dewane, Vice President

DIRECTORS OR TRUSTEES

<u>Kristen Louise Metzger</u>	<u>Ronald William Penczek</u>	<u>Jennifer Ann Dewane</u>
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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

DocuSigned by:


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Kristen Louise Metzger
President/Chairperson

DocuSigned by:


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Kathleen Susan Kiefer
Secretary

DocuSigned by:


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Vincent Edward Scher
Treasurer

Subscribed and sworn to before me this
29th day of April 2024

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

Yes [] No []

Signature
Louanna Stiner
Executive Admin Assistant
06/29/31

