



HEALTH QUARTERLY STATEMENT

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

NAIC Group Code06710671NAIC Company Code10767Employer's ID Number13-4212818  
(Current)(Prior)

Organized under the Laws ofOhio, State of Domicile or Port of EntryOH

Country of DomicileUnited States of America

Licensed as business type:Health Maintenance Organization

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

Incorporated/Organized03/08/2002Commenced Business09/01/2005

Statutory Home Office4361 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 Office5800 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 Address5800 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 Records5800 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 Addresswww.elevancehealth.com

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

OFFICERS

President/ChairpersonKristen Louise Metzger

TreasurerVincent Edward Scher

SecretaryKathleen Susan Kiefer

Assistant TreasurerEric (Rick) Kenneth Noble

OTHER

Jennifer Ann Dewane, Vice President

DIRECTORS OR TRUSTEES

Kristen Louise Metzger

Ronald William Penczek

Jennifer Ann Dewane

State ofIndiana

County ofMarion

SS:

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

DocuSigned by:

kristen l. Metzger

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Kristen Louise Metzger

President/Chairperson

DocuSigned by:

kathly kiefer

D85175EE05784B1...

Kathleen Susan Kiefer

Secretary

DocuSigned by:

Vincent E. Scher

A85A33722D4143E...

Vincent Edward Scher

Treasurer

Subscribed and sworn to before me this

29th day of April 2024

Yes [ X ] No [ ]

a. Is this an original filing? .....

b. If no,

1. State the amendment number.....

2. Date filed .....

3. Number of pages attached.....

Louanna Stiner  
Executive Admin Assistant  
06/29/31

LOUANNA STINER

Notary Public - Seal

Marion County - State of Indiana

Commission Number NP0749866

My Commission Expires Jun 29, 2031