



HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2025
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 [X]					
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 Northampton Blvd (Street and Number)		Norfolk, VA, US 23502 (City or Town, State, Country and Zip Code)			
	Norfolk, VA, US 23502 (City or Town, State, Country and Zip Code)		757-490-6900 (Area Code) (Telephone Number)			
Mail Address	5800 Northampton 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 Northampton Blvd (Street and Number)		Norfolk, VA, US 23502 (City or Town, State, Country and Zip Code)			
	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	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
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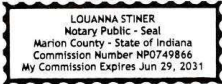
State of Indiana
County of Marion
SS:

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

Signed by: 5AC76A9D5B56478...	Signed by: D85175EE05784B1...	DocuSigned by: A85A33722D4143E...
Jennie Lynne Reynolds President/Chairperson	Kathleen Susan Kiefer Secretary	Vincent Edward Scher Treasurer

Subscribed and sworn to before me this
7th day of May 2025

Louanna Stiner
Executive Admin Assistant
06/29/31



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