



HEALTH QUARTERLY STATEMENT

AS OF JUNE 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

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 Northhampton 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 Northhampton 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 Northhampton 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) jill.waddell@elevancehealth.com, 262-523-4945
(E-mail Address) (Area Code) (Telephone Number) (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

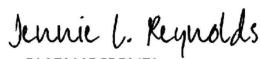
DIRECTORS OR TRUSTEES

Jennie Lynne Reynolds Ronald William Penczek Jennifer Ann Dewane

State of Indiana SS: _____
County of Marion

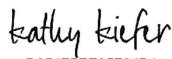
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any 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 statement.

Signed by:



Jennie Lynne Reynolds
President/Chairperson

Signed by:



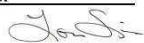
Kathleen Susan Kiefer
Secretary

Signed by:



Vincent Edward Scher
Treasurer

Subscribed and sworn to before me this
1st day of August 2025



Louanna Stiner
Executive Admin Assistant
06/29/31

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

