

# **HEALTH QUARTERLY STATEMENT**

AS OF JUNE 30, 2023 OF THE CONDITION AND AFFAIRS OF THE

# **Wisconsin Collaborative Insurance Company**

NA	C Group Code 06/1 06/1 NA (Current) (Prior)	AIC Company Code	15929 Employer's I	D Number 47-556	9628
Organized under the Laws of	(Current) (Prior) Wisconsin	, St	ate of Domicile or Port of E	intry	WI
Country of Domicile		United States of A	merica		
Licensed as business type:	Не	ealth Maintenance C	Organization		
Is HMO Federally Qualified?	Yes[] No[X]				
Incorporated/Organized	03/31/2016		Commenced Business	0	1/01/2017
Statutory Home Office	N17 W24222 Riverwood Drive, Suite 3	300 ,		Waukesha, WI, US 53	188
	(Street and Number)		(City or	Town, State, Country a	nd Zip Code)
Main Administrative Office	N17 W	/24222 Riverwood [ (Street and Nur			
	Waukesha, WI, US 53188	(Street and Nur	ilbei)	262-523-4020	
(City or	Town, State, Country and Zip Code)		(Ar	ea Code) (Telephone N	umber)
Mail Address	N17 W24222 Riverwood Drive, Suite 300			Waukesha, WI, US 53	188
	(Street and Number or P.O. Box)		(City or	Town, State, Country ar	nd Zip Code)
Primary Location of Books and	Records N17 V	W24222 Riverwood			
	Waukesha, WI, US 53188	(Street and Nur	nber)	800-331-1476	
(City or	Town, State, Country and Zip Code)		(Ar	ea Code) (Telephone N	umber)
Internet Website Address		www.elevancehea	llth.com		
Statutory Statement Contact	Jill M. Waddell			262-202-15	69
,	(Name)		. ,	(Area Code) (Telepho	
jill	.waddell@elevancehealth.com (E-mail Address)			262-523-4945 (FAX Number)	
	(E-mail / duless)		_	(1700 Number)	
President & Chief		OFFICER	S		
Executive Officer _	Paul Christopher Nobile		Treasurer	Vincent	Edward Scher
Secretary _	Kathleen Susan Kiefer		Assistant Secretary	Julie Eli	sabeth Walsh #
Fric Kenneth Noble	Assistant Treasurer	OTHER			
Eno Remon Resolution		DECTORS OF T			
Theodore Mic	hael Osthelder	RECTORS OR T Julie Mitch		Paul C	hristopher Nobile
State of	Indiana SS:				
County of	Marion				
all of the herein described as statement, together with relate condition and affairs of the sai in accordance with the NAIC rules or regulations require respectively. Furthermore, the	ntity being duly sworn, each depose and say sets were the absolute property of the said d exhibits, schedules and explanations there d reporting entity as of the reporting period st Annual Statement Instructions and Accountififferences in reporting not related to acce e scope of this attestation by the described on g differences due to electronic filing) of the	reporting entity, free in contained, annex tated above, and of ng Practices and Prounting practices are sofficers also include enclosed statement	e and clear from any liens ed or referred to, is a full at its income and deductions ocedures manual except to ad procedures, according is the related corresponding. The electronic filing may	or claims thereon, exceed true statement of all therefrom for the period the extent that: (1) state to the best of their ingelectronic filing with the	ept as herein stated, and that this he assets and liabilities and of the ended, and have been completed e law may differ; or, (2) that state formation, knowledge and belief, e NAIC, when required, that is an e regulators in lieu of or in addition
		DocuSign	•		DocuSigned by:
( ,	Nobile		t E. Scher		kathy kiefer
B46D15F3		A85A3372			D85175EE05784B1
Paul Christophe President & Chief Exe		Vincent Edward Treasurer	Scher	Ка	thleen Susan Kiefer Secretary
Subscribed and sworn to before	e me this		<ul><li>a. Is this an original filing</li><li>b. If no,</li></ul>	?	Yes[X]No[]
8th day of	August 2023		State the amendme		
Town			Date filed      Number of pages at		
Louanna Stiner Executive Admin Assistant 06/29/31			o. Humber of pages at		
·····					

## **ASSETS**

	AS	SETS					
		Current Statement Date         4           1         2         3         Decem					
		•		Net Admitted Assets	December 31 Prior Year Net		
	8.1	Assets	Nonadmitted Assets	(Cols. 1 - 2)	Admitted Assets		
	Bonds	25,389,140		25,389,140	22,8/1,3/1		
2.	Stocks:						
	2.1 Preferred stocks				0		
	2.2 Common stocks			0	0		
3.	Mortgage loans on real estate:				0		
	3.1 First liens				0		
,	3.2 Other than first liens			0	0		
4.	Real estate:						
	4.1 Properties occupied by the company (less \$ encumbrances)			0	0		
					0		
	4.2 Properties held for the production of income (less summary) encumbrances)			0	0		
	·			0	0		
	4.3 Properties held for sale (less \$			0	0		
	encumbrances)			0	0		
5.	Cash (\$21, 107, 261 ), cash equivalents						
	(\$) and short-term						
	investments (\$						
	Contract loans (including \$ premium notes)			0			
7.	Derivatives				0		
8.	Other invested assets				0		
9.	Receivables for securities				0		
10.	Securities lending reinvested collateral assets						
11.	Aggregate write-ins for invested assets						
12.	Subtotals, cash and invested assets (Lines 1 to 11)	46,496,401	0	46,496,401	30,663,719		
13.	Title plants less \$ charged off (for Title insurers			0	0		
4.4	only)						
	Investment income due and accrued	100,704		186,704			
15.	Premiums and considerations:  15.1 Uncollected premiums and agents' balances in the course of collection	252 250	42 241	210,000	560 677		
	15.1 Oncollected premiums and agents balances in the course of collection  15.2 Deferred premiums, agents' balances and installments booked but	333,230	43,241	310,009			
	deferred and not yet due (including \$						
	earned but unbilled premiums)			0	0		
	15.3 Accrued retrospective premiums (\$				0		
	contracts subject to redetermination (\$			0	0		
16.	Reinsurance:						
10.	16.1 Amounts recoverable from reinsurers			0	0		
	16.2 Funds held by or deposited with reinsured companies				0		
	16.3 Other amounts receivable under reinsurance contracts				0		
17.	Amounts receivable relating to uninsured plans						
	Current federal and foreign income tax recoverable and interest thereon			2,236,273			
	Net deferred tax asset			539,021			
19.	Guaranty funds receivable or on deposit			0	0		
20.	Electronic data processing equipment and software				0		
21.	Furniture and equipment, including health care delivery assets						
	(\$			0	0		
22.	Net adjustment in assets and liabilities due to foreign exchange rates				0		
23.	Receivables from parent, subsidiaries and affiliates				0		
24.	Health care (\$ ) and other amounts receivable	67,363	67,363	0	0		
25.	Aggregate write-ins for other than invested assets			305,235			
26.	Total assets excluding Separate Accounts, Segregated Accounts and						
	Protected Cell Accounts (Lines 12 to 25)	53,233,711	2,806,255	50,427,456	41,798,594		
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0		
28.	Total (Lines 26 and 27)	53,233,711	2,806,255	50,427,456	41,798,594		
20.	DETAILS OF WRITE-INS	00,200,711	2,000,200	00, 121, 100	11,100,001		
1101.	DETAILS OF WILLIAMS						
1101.							
1102.							
1198.	Summary of remaining write-ins for Line 11 from overflow page			0	0		
1199.	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0		
2501.	Miscellaneous assets				271.963		
2501.	MISCELIALIEUUS ASSETS			-	271,903		
2502. 2503.							
2503. 2598.	Summary of remaining write-ins for Line 25 from overflow page				0		
2598. 2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	314,760	9,525	305,235	271,963		
∠J99.	Totals (Lines 2001 tillough 2000 plus 2090)(Line 20 above)	J 14, 70U	3,323	ასა, ∠აა	۵/ ۱, ۳۵۵		

# LIABILITIES, CAPITAL AND SURPLUS

	LIABILITIES, CAP	1171271112	Current Period		Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$ reinsurance ceded)		185,898		
2.	Accrued medical incentive pool and bonus amounts	*			· · · · · · · · · · · · · · · · · · ·
3.	Unpaid claims adjustment expenses	46 , 128		46,128	107,886
4.	Aggregate health policy reserves, including the liability of				
	\$0 for medical loss ratio rebate per the Public				
	Health Service Act			•	, ,
5.	Aggregate life policy reserves				0
6.	Property/casualty unearned premium reserve				0
7.	Aggregate health claim reserves				
8.	Premiums received in advance	,		,	,
9.	General expenses due or accrued	99,547		99,547	169,109
10.1	Current federal and foreign income tax payable and interest thereon				
	(including \$ on realized gains (losses))				0
10.2	Net deferred tax liability				0
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others			0	0
13.	Remittances and items not allocated	63,453		63,453	308,645
14.	Borrowed money (including \$ current) and				
	interest thereon \$ (including				
	\$ current)			0	0
15.	Amounts due to parent, subsidiaries and affiliates	1,334,795		1,334,795	0
16.	Derivatives				
17.	Payable for securities	0		0	0
18.	Payable for securities lending			0	0
19.	Funds held under reinsurance treaties (with \$				
	authorized reinsurers, \$ unauthorized				
	reinsurers and \$ certified reinsurers)			0	0
20.	Reinsurance in unauthorized and certified (\$				
	companies			0	0
21.	Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22.	Liability for amounts held under uninsured plans				
23.	Aggregate write-ins for other liabilities (including \$				
	current)	419,587	0	419,587	396,949
24.	Total liabilities (Lines 1 to 23)				
25.	Aggregate write-ins for special surplus funds				
26.	Common capital stock				
27.	Preferred capital stock				
28.	Gross paid in and contributed surplus				29,646,000
29.	Surplus notes				
30.	Aggregate write-ins for other than special surplus funds				0
31.	Unassigned funds (surplus)				
32.	Less treasury stock, at cost:				(0,000,010)
02.	32.1shares common (value included in Line 26				
	\$	YYY	YYY		
	32.2 shares preferred (value included in Line 27				
	\$	<b>VVV</b>	<b>VVV</b>		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)				
34.		XXX	XXX	50,427,456	41,798,594
34.	Total liabilities, capital and surplus (Lines 24 and 33)	^^^	^^^	30,427,430	41,790,394
	DETAILS OF WRITE-INS	000 000		200 200	202 202
2301.	Performance guarantee liability			,	229,990
2302.	Miscellaneous liabilites			,	130,899
2303.	Other premium liability				36,060
2398.	Summary of remaining write-ins for Line 23 from overflow page		0		0
2399.	Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)		0	419,587	396,949
2501.					
2502.					
2503.					
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.					
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
	- ' ' '		l.		

# STATEMENT OF REVENUE AND EXPENSES

		Current Yo To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months			İ	73,639
2.	Net premium income ( including \$ non-health		,	ŕ	
	premium income)	XXX	5,862,899	16,257,912	32,080,717
3.	Change in unearned premium reserves and reserve for rate credits	XXX			0
4.	Fee-for-service (net of \$ medical expenses)	XXX			0
5.	Risk revenue				
6.	Aggregate write-ins for other health care related revenues				
7.	Aggregate write-ins for other non-health revenues				
8.	Total revenues (Lines 2 to 7)	XXX	5,862,899	16,257,912	
	Hospital and Medical:				
9.	Hospital/medical benefits				
10.	Other professional services		168,922		1,271,091
11.	Outside referrals		563,912		4,243,285
12.	Emergency room and out-of-area		300,418	, - ,	2,260,562
13.	Prescription drugs		902,796		4,528,033
14.	Aggregate write-ins for other hospital and medical				0
15.	Incentive pool, withhold adjustments and bonus amounts				353,216
16.	Subtotal (Lines 9 to 15)	514,82/	4,543,928	17 , 143 , 139	31,899,173
4-	Less:				^
17.	Net reinsurance recoveries				
18.	Non-health claims (net)				
19.	-				
20.	Claims adjustment expenses, including \$		92 627	215 105	422 051
21.	General administrative expenses				
22.	Increase in reserves for life and accident and health contracts		(2,900,000)	2,074,417	4,000,400
22.	(including \$ increase in reserves for life only)		(2 443 408)		2 827 637
23.	Total underwriting deductions (Lines 18 through 22)				
24.	Net underwriting gain or (loss) (Lines 8 minus 23)				
25.	Net investment income earned				
26.	Net realized capital gains (losses) less capital gains tax of			( 117,021)	
20.	\$		13.567		(1.150.968
27.	Net investment gains (losses) (Lines 25 plus 26)				
28.	Net gain or (loss) from agents' or premium balances charged off [(amount		,	, , ,	
	recovered \$)				
	(amount charged off \$)]				
29.	Aggregate write-ins for other income or expenses	0	0	50	50
30.	Net income or (loss) after capital gains tax and before all other federal				
	income taxes (Lines 24 plus 27 plus 28 plus 29)				
31.	Federal and foreign income taxes incurred				(115,748)
32.	Net income (loss) (Lines 30 minus 31)	XXX	6,975,378	(2,776,248)	(7,785,830
	DETAILS OF WRITE-INS				
0601.					
0602.		XXX			
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page			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.	Miscellaneous other income (expense)			50	50
2902.					
2903					
1					
2998.	Summary of remaining write-ins for Line 29 from overflow page	0 I	0 1	0	O

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

1	STATEMENT OF REVENUE AND EX	LINGLO	Jonanae	3
		Current Year to Date	Prior Year to Date	Prior Year Ended December 31
	CAPITAL AND SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year			
34.	Net income or (loss) from Line 32			
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$			
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax	(2,193,473)	676 , 162	831,474
39.	Change in nonadmitted assets	9,766,088	(5,869,527)	(1,928,185)
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			
44.	Capital Changes:			
	44.1 Paid in			0
	44.2 Transferred from surplus (Stock Dividend)	0	0	0
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in	0	0	0
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus	0	0	0
48.	Net change in capital & surplus (Lines 34 to 47)		(7.969.613)	(8,882,541)
49.	Capital and surplus end of reporting period (Line 33 plus 48)	41,303,345	27,668,280	26,755,352
45.		11,000,010	21,000,200	20,100,002
4704	DETAILS OF WRITE-INS			
4701.				
4702.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page		0	0
4799.	Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

## **CASH FLOW**

1	CASH FLOW			
		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	Cash from Operations			
1.	Premiums collected net of reinsurance	5,341,124	16,342,121	32,624,627
2.	Net investment income	731,698	156,489	513,792
3.	Miscellaneous income	0	0	0
4.	Total (Lines 1 to 3)	6,072,822	16,498,610	33, 138, 419
5.	Benefit and loss related payments	6,829,637	19,107,311	34,514,605
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	(10,723,806)	(8,225,079)	2,638,102
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$	1,085,990	0	0
10.	Total (Lines 5 through 9)	(2,808,179)	10,882,232	37,152,707
11.	Net cash from operations (Line 4 minus Line 10)	8.881.001	5,616,378	(4,014,288)
11.	Net cash from operations (Line 4 militus Line 10)	0,001,001	3,010,376	(4,014,200)
Ī	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	1,638,031	0	18,245,076
	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	0	0	0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	1,638,031	0	18,245,076
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	3,942,228	0	22,969,573
	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	0
	13.7 Total investments acquired (Lines 13.1 to 13.6)	3,942,228	0	22,969,573
14.	Net increase (or 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)	(2,304,197)	0	(4,724,497)
	Cash from Financing and Miscellaneous Sources			
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	0	0	0
	16.6 Other cash provided (applied)	6,738,109	(9,051,573)	(3,826,459)
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	6,738,109	(9,051,573)	(3,826,459)
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).	13,314.913	(3,435.195)	(12,565.245)
19.	Cash, cash equivalents and short-term investments:		. (2, 100, 100)	(,000,_10)
10.	19.1 Beginning of year	7.792 348	20.357 593	20.357 593
	19.2 End of period (Line 18 plus Line 19.1)	21,107,261	16,922,397	7,792,348

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

## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

					···· • ··· • ,			<i>-</i>	<del></del> -					
	1	Comprel (Hospital 8		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	6,365	0	6,365	0	0	0	0	0	0	0	0	0	0	(
2. First Quarter		0	2,341	0	0	0	0	0		0	0	0	0	(
Second Quarter			2,082											
4. Third Quarter	0													
5. Current Year	0													
Current Year Member Months	13,744		13,744											
Total Member Ambulatory Encounters for Period:														
7 Physician	6,812		6,812											
8. Non-Physician	3,943		3,943											
9. Total	10,755	0	10,755	0	0	0	0	0	0	0	0	0	0	C
10. Hospital Patient Days Incurred	229		229											
11. Number of Inpatient Admissions	69		69											
12. Health Premiums Written (a)	5,862,899		5,862,899											
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	5,862,899		5,862,899											
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	6,896,471		6,896,471											
18. Amount Incurred for Provision of Health Care Services	4,543,928		4,543,928											

<sup>(</sup>a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

# **CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

Aging Analysis of Unpai	d Claims					
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)		•	-		•	
0299999 Aggregate accounts not individually listed-uncovered	12,780	164	10			12,954
0399999 Aggregate accounts not individually listed-covered	100,022		82			101,387
0499999 Subtotals	112,802		92		0	114,341
0599999 Unreported claims and other claim reserves	112,002	1,447	32		U	1,526,417
0699999 Total amounts withheld						1,020,417
0799999 Total claims unpaid						1,640,758
0899999 Accrued medical incentive pool and bonus amounts						24,332
oosasas Accrued medical incentive pool and ponus amounts						24,332

#### **UNDERWRITING AND INVESTMENT EXHIBIT**

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

ANAL 1010 OF GEALING O	0	Claims Paid Liability			5	6
	Year to	Year to Date		ent Quarter		
Line of Business	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
Comprehensive (hospital and medical) individual					0	0
Comprehensive (hospital and medical) group	1,749,155	5,153,526	717,760	922,998	2,466,915	3,982,728
3. Medicare Supplement					0	0
4. Dental Only					0	0
5. Vision Only					0	0
6. Federal Employees Health Benefits Plan					0	0
7. Title XVIII - Medicare					0	0
8 Title XIX - Medicaid					0	0
9. Credit A&H					0	0
10. Disability Income					0	0
11. Long-term care					0	0
12. Other health					0	0
13. Health subtotal (Lines 1 to 12)		5,153,526	717,760	922,998	2,466,915	3,982,728
14. Health care receivables (a)	7,355	60,008			7,355	0
15. Other non-health					0	0
16. Medical incentive pools and bonus amounts		24,040	24,332		61,444	34,904
17. Totals (Lines 13 - 14 + 15 + 16)	1,778,912	5,117,558	742,092	922,998	2,521,004	4,017,632

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

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, 2022. 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 Wisconsin Collaborative Insurance Company (the "Company") have been prepared in conformity with the National Association of Insurance Commissioners' ("NAIC") *Annual Statement Instructions* and in accordance with accounting practices prescribed or permitted by the Office of the Commissioner of Insurance of the State of Wisconsin (the "OCI"). The OCI has adopted the accounting policies found in the NAIC *Accounting Practices and Procedures Manual* ("NAIC SAP"), subject to any deviations prescribed or permitted by the OCI. Additionally the OCI has adopted certain prescribed accounting practices that differ from those found in NAIC SAP, which impact the Company, specifically the non-admission of receivables from affiliates. The OCI has the right to permit other specific practices that deviate from prescribed practices. The Company employed no permitted practices in preparing the accompanying statutory basis financial statements.

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

		SSAP#	F/S Page	F/S Line #	June 30, 2023	<b>December</b> 31, 2022
Net	Income					
(1)	Wisconsin Collaborative Insurance Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 6,975,378	\$ (7,785,830)
(2)	State Prescribed Practices that is an increase/(decrease) from NAIC SAP:					
(3)	State Permitted Practices that is an increase/(decrease) from NAIC SAP:					
(4)	NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 6,975,378	\$ (7,785,830)
Sur	<u>plus</u>					
(5)	Wisconsin Collaborative Insurance Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 41,303,345	\$ 26,755,352
(6)	State Prescribed Practices that is an increase/(decrease) from NAIC SAP:					
	Nonadmittance of amounts due from affiliates pursuant to Ins. 9.10 of the Wisconsin Admin. Code, effective March 1, 2000.	4, 25	2	17, 18.1, 23, 24		(7,668,377)
(7)	State Permitted Practices that is an increase/(decrease) from NAIC SAP:					
(8)	NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 41,303,345	\$ 34,423,729

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

No significant change.

#### 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) (5) No significant change.
- (6) Loan-backed securities are stated at amortized cost. Pre-payment assumptions for loan-backed securities and structured securities were obtained from broker-dealer survey values or internal estimates. These assumptions are consistent with the current interest rate and economic environment. The retrospective adjustment method is used to value all loan-backed securities. Non-investment grade loan-backed securities are stated at the lower of amortized cost or fair value.
- (7) (15) 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. Loan-Backed Securities**

- (1) Prepayment assumptions for single-class and multi-class mortgage-backed and asset-backed securities were obtained from broker-dealer survey values or internal estimates. The Company used various third-party pricing sources in determining the market value of its loan-backed securities.
- (2) The Company did not recognize other-than-temporary impairments ("OTTI") on its loan-backed securities during the six months ended June 30, 2023.
- (3) The Company did not recognize OTTI on its loan-backed securities at June 30, 2023.

- (4) All impaired securities (fair value is less than cost or amortized cost) for which an OTTI has not been recognized in earnings as a realized loss (including securities with a recognized OTTI for non-interest related declines when a non-recognized interest related impairment remains):
  - a. The aggregate amount of unrealized losses:

(72,591)

2. 12 Months or Longer \$

b. The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months \$ 3,644,222

2. 12 Months or Longer \$ —

(5) The Company's bond portfolio is sensitive to interest rate fluctuations, which impact the fair value of individual securities. Unrealized losses on bonds were primarily caused by the effects of the interest rate environment and the widening of credit spreads on certain securities. The Company currently has the ability and intent to hold these securities until their full cost can be recovered. Therefore, the Company does not believe the unrealized losses represent an OTTI at June 30, 2023.

#### 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 June 30, 2023.

#### 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 June 30, 2023.

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

The Company did not enter into repurchase agreement transactions accounted for as a sale at June 30, 2023.

#### 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 June 30, 2023.

#### 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 June 30, 2023.

#### O. 5GI Securities

The Company has no 5GI Securities as of June 30, 2023.

#### P. Short Sales

The Company did not have any short sales at June 30, 2023.

#### Q. Prepayment Penalty and Acceleration Fees

The Company did not have any prepayment penalty or acceleration fees at June 30, 2023.

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

The Company did not participate in a cash pool at June 30, 2023.

#### 6. Joint Ventures, Partnerships and Limited Liability Companies

Not applicable.

#### 7. Investment Income

No significant change.

#### 8. Derivative Instruments

Not applicable.

#### 9. Income Taxes

No significant change.

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

#### A. - C.

No significant change.

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

At June 30, 2023, the Company reported no amounts due from affiliates and \$1,334,795 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.

#### 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

#### A. - F.

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

- (1) Not applicable.
- (2) (7) 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 June 30, 2023, 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 ("ASO") Plans

Not applicable.

#### B. Administrative Services Contract ("ASC") Plans

No significant change.

#### 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.

#### 20. Fair Value Measurements

#### A.

- (1) There are no assets or liabilities measured at fair value.
- (2) Fair Value Measurement in (Level 3) of the Fair Value Hierarchy

There are no investments in Level 3 as of June 30, 2023.

- (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)
Bonds	\$25,733,828	\$25,389,140	s —	\$25,733,828	s —	s —	s —

#### 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.

#### 22. Events Subsequent

Subsequent events have been considered through August 9, 2023 for the statutory statement issued on August 10, 2023. There were no events occurring subsequent to June 30, 2023 requiring recognition or disclosure.

#### 23. Reinsurance

No significant change.

#### 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.

(4) Roll-forward of Risk Corridors Asset and Liability Balances by Program Benefit Year.

Not applicable.

(5) ACA Risk Corridors Receivable as of Reporting Date.

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 \$1,547,748 during 2023. This is approximately 37.5% of unpaid claims and claim adjustment expenses of \$4,125,518 as of December 31, 2022. 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 2023. 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.

#### NOTES TO FINANCIAL STATEMENTS

#### **27. Structured Settlements**

Not applicable.

#### 28. Health Care Receivables

No significant change.

#### 29. Participating Policies

Not applicable.

#### **30. Premium Deficiency Reserves**

1. Liability carried for premium deficiency reserves	\$	3	84,228
2. Date of the most recent evaluation of this liability		June 3	0, 2023
3. Was anticipated investment income utilized in the calculation?	Yes	No	X

#### 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 Domicile, as required by the Model Act?						Yes [ X	( ] !	No [	]
1.2	If yes, has the report been filed with the domiciliary state?						Yes [ X	( ] 1	No [	]
2.1	Has any change been made during the year of this statement in the char reporting entity?						Yes [	] [	No [ X	]
2.2	If yes, date of change:					·····				
3.1	Is the reporting entity a member of an Insurance Holding Company Syste is an insurer?						Yes [ X	( ] 1	No [	]
3.2	Have there been any substantial changes in the organizational chart since	ce the prior qu	arter 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 gro	oup?					Yes [ X	( ] 1	No [	]
3.5	If the response to 3.4 is yes, provide the CIK (Central Index Key) code is:	sued by the S	EC for the entity/group.				000	01156	6039	
4.1	Has the reporting entity been a party to a merger or consolidation during	the period co	vered by this statement	?			Yes [	] [	No [ X	]
4.2	If yes, provide the name of the entity, NAIC Company Code, and state of ceased to exist as a result of the merger or consolidation.	f domicile (use	e two letter state abbrev	iation) for any	entity that	has				
	1 Name of Entity		2 NAIC Company Code	3 State of Do	omicile					
5.	If the reporting entity is subject to a management agreement, including the in-fact, or similar agreement, have there been any significant changes really yes, attach an explanation.	hird-party admegarding the te	ninistrator(s), managing erms of the agreement o	general agent or principals in	(s), attorne volved?	∍y- Yes [	] No	[ X ]	N/A	[ ]
6.1	State as of what date the latest financial examination of the reporting ent	tity was made	or is being made			······_	12	/31/2	2022	
6.2	State the as of date that the latest financial examination report became a date should be the date of the examined balance sheet and not the date						12	/31/2	2017	
6.3	State as of what date the latest financial examination report became ava the reporting entity. This is the release date or completion date of the exadate).	amination rep	ort and not the date of t	he examinatio	n (balance	sheet	06	/25/2	2019	
6.4	By what department or departments? State of Wisconsin Office of the Commissioner of Insurance									
6.5	Have all financial statement adjustments within the latest financial exami statement filed with Departments?					Yes [	] No	[ ]	N/A	[ X ]
6.6	Have all of the recommendations within the latest financial examination r	report been co	omplied with?			Yes [	X ] No	[ ]	N/A	[ ]
7.1	Has this reporting entity had any Certificates of Authority, licenses or regrevoked 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	e Federal Rese	erve Board?				Yes [	] [	No [ X	]
8.2	If response to 8.1 is yes, please identify the name of the bank holding co									
8.3	Is the company affiliated with one or more banks, thrifts or securities firm	าร?					Yes [	] [	No [ X	]
8.4	If response to 8.3 is yes, please provide below the names and location (c regulatory services agency [i.e. the Federal Reserve Board (FRB), the O Insurance Corporation (FDIC) and the Securities Exchange Commission	office of the Co	mptroller of the Curren	cy (OCC), the	Federal De					
	1 Affiliate Name	Lo	2 ocation (City, State)	F	3 4 FRB OC		6 SEC			
								╝		

## **GENERAL INTERROGATORIES**

9.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?		Yes [ X	] No [ ]	
	(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 [ X ]
9.21	If the response to 9.2 is Yes, provide information related to amendment(s).				
9.3 9.31	Have any provisions of the code of ethics been waived for any of the specified officers?  If the response to 9.3 is Yes, provide the nature of any waiver(s).			Yes [	] No [ X ]
	FINANCIAL				
10.1 10.2	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? If yes, indicate any amounts receivable from parent included in the Page 2 amount:				
	INVESTMENT				
11.1 11.2	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or oth use by another person? (Exclude securities under securities lending agreements.)  If yes, give full and complete information relating thereto:			Yes [	] No [ X ]
12.	Amount of real estate and mortgages held in other invested assets in Schedule BA:				
13.	Amount of real estate and mortgages held in short-term investments:				
14.1 14.2	Does the reporting entity have any investments in parent, subsidiaries and affiliates?			Yes [	
		Prior Year-End Book/Adjusted Carrying Value		Boo	2 rent Quarter ok/Adjusted rrying Value
	Bonds	\$	0		
	Preferred Stock				
	Common Stock			\$	
	Short-Term Investments				
	Mortgage Loans on Real Estate				
14.26	All Other	\$	0		
	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)				0
15.1 15.2	Has the reporting entity entered into any hedging transactions reported on Schedule DB?				] No [ X ] ] N/A [
16.	For the reporting entity's security lending program, state the amount of the following as of the current statement dat	e:			
	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, P				
	16.3 Total payable for securities lending reported on the liability page.				

## **GENERAL INTERROGATORIES**

For all agreements		al or Safekeeping Agreement quirements of the NAIC Final			łandbook, complete		Yes	[ X ] N	No [
	Name of Custoo	lian(s)			2 Custodian Addr	ess			
JP Morgan Chase E	ank, N.A		383 Madison	Ave, New Y	ork, NY 10179				
For all agreements location and a com		n the requirements of the NAI	C Financial Con	dition Exam	niners Handbook, p	rovide the name,			
	1 ne(s)	2 Location(s)			3 Complete Expla	nation(s)			
Have there been a	ny changes, including r	ame changes, in the custodia	an(s) identified in	17.1 durin	g the current quarte	er?	Yes	[ ] No	0 [
	mation relating thereto	2		3		4			
	ıstodian	New Custodian	Date	of Change		Reason			
make investment of	ecisions on behalf of th	estment advisors, investment he reporting entity. For assets hent accounts"; "handle sec	that are manag curities"]	ed internally					
	1 Name of Firm o	or Individual	Affili						
· ·									
Loomis, Sayles &	Company, LP		U						
17.5097 For those	firms/individuals listed	in the table for Question 17.5 nore than 10% of the reporting	. do anv firms/in	dividuals un	affiliated with the re	eporting entity (i.e.	Yes	[ X ]	No [
		with the reporting entity (i.e. d					100	[ ^ ] .	10 [
	· ·	aggregate to more than 50% of table for 17.5 with an affiliation		•				[ X ]	No
1		2			3	4	I	5	
Central Registrati	on							Investm Manager Agreem	mer
Depository Numb	er	Name of Firm or Individual		Legal En	tity Identifier (LEI)	Registered With Securities Exchange		(IMA) F	iled
8158	Robert W. Baird &	Co		549300772	JJAHRD6L053	Commission		N0	
		Company, LP							
	equirements of the Pur	poses and Procedures Manua		•					
a. Documental security is n b. Issuer or ob c. The insurer	ion necessary to permi ot available. igor is current on all co has an actual expectati	orting entity is certifying the fort a full credit analysis of the sontracted interest and principal on of ultimate payment of all securities?	ecurity does not al payments. contracted inter	exist or an	NAIC CRP credit ra	ating for an FE or PL	Yes	[ ] 1	No [
a. The security b. The reporting c. The NAIC De on a current d. The reporting	was purchased prior to gentity is holding capita esignation was derived private letter rating helo gentity is not permitted	eporting entity is certifying the January 1, 2018. al commensurate with the NA from the credit rating assigne I by the insurer and available to share this credit rating of t LGI securities?	IC Designation red by an NAIC C for examination the PL security w	eported for RP in its leg by state ins ith the SVC	the security. gal capacity as a NF surance regulators.	RSRO which is shown	Yes	[ ]	No [
FE fund:  a. The shares with the reporting c. The security January 1, 2dd. The fund online. The current in the fund control of the current in the share share shares and the shares are shares as th	vere purchased prior to g entity is holding capita had a public credit ratin 119. y or predominantly hold eported NAIC Designa	gistered private fund, the repulsal commensurate with the NA ng(s) with annual surveillance also bonds in its portfolio.	IC Designation rassigned by an	eported for NAIC CRP	the security. in its legal capacity	as an NRSRO prior to			
in its legal ca	pacity as an NRSRO.	al curvoillance accianed by a	NAIC CPP has	nat lanaad					
f. The public cre	dit rating(s) with annua	ai sui veillai ice assigneu by ai	TINALO CINE Has	not lapsed					

### **GENERAL INTERROGATORIES**

#### PART 2 - HEALTH

#### 1. Operating Percentages: Yes [ ] No [ X ] 2.1 Do you act as a custodian for health savings accounts? If yes, please provide the amount of custodial funds held as of the reporting date ......\$.....\$..... 2.2 Do you act as an administrator for health savings accounts? Yes [ ] No [ X ] 2.3 2.4 Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [ ] No [ X ] 3.

Yes [ ] No [ X ]

If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of

3.1

domicile of the reporting entity? ...

### **SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date													
1 NAIC	2	3	4	5	6	7	8	9 Certified Reinsurer	10 Effective Date of Certified				
Company	ID	Effective		Domiciliary	Type of Reinsurance	Type of Business		Rating	Reinsurer				
Code	Number	Date	Name of Reinsurer	Jurisdiction	Ceded	Ceded	Type of Reinsurer	(1 through 6)					
		-											
		-			····								
				·····									
				/	<u></u>	<u></u>							
		-											
					-								
		1		I	1			1	1				

## **SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

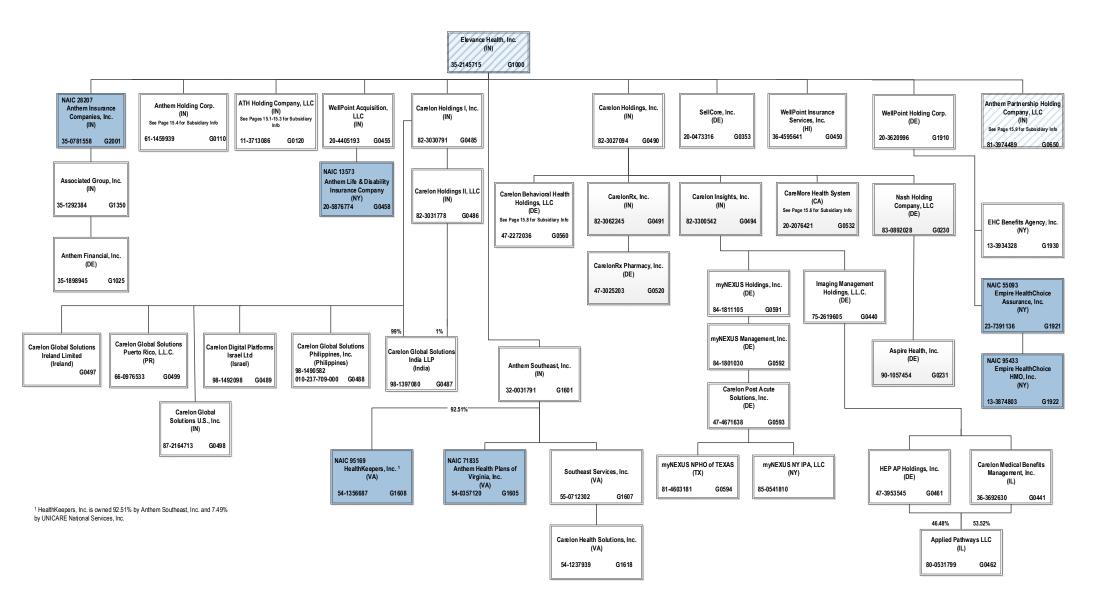
			1	Juile	Jul 10 D	/ 11100011	ed by States Di	rect Business C	Only			
			Active Status	2 Accident and Health	3 Medicare	4  Medicaid	5 CHIP Title	6 Federal Employees Health Benefits Program	7 Life and Annuity Premiums & Other	8 Property/ Casualty	9 Total Columns 2	10 Deposit-Type
	States, etc.		(a)	Premiums	Title XVIII	Title XIX	XXI	Premiums	Considerations	Premiums	Through 8	Contracts
1.	Alabama	AL	N								0	
2.	Alaska	AK	N								0	
	Arizona	AZ	N								0	
	Arkansas	AR	N								0	
5. 6.	Colorado	CA 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.		HI	N								0	
13.	Idaho	ID	N								0	
14.	Illinois	IL.	N								0	
15.	Indiana	IN	N								0	
16.	lowa	IA	N								0	
17. 18.	Kansas Kentucky	KS KY	N								0	
	Louisiana		N		•••••						0	
		ME	N								0	
	Maryland	MD	N								0	
22.	Massachusetts	MA	N								0	
23.	Michigan	MI	N								0	
24.	=	MN	N								0	
25.	Mississippi	MS	N								0	
	Missouri	MO	N								0	
	Montana	MT	N								0	
28.	Nebraska	NE	N								0	
29.	Nevada	NV	N								0	
	New Hampshire		N								0	
	New Jersey New Mexico	NJ NM	N								0	
	New York	NY	N								0	
	North Carolina	NC	N								0	
		ND	N								0	
36.	Ohio	OH	N								0	
	Oklahoma	OK	N								0	
38.	Oregon	OR	N								0	
	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.		TX	N								0	
45.		UT	N								0	
46. 47.		VT VA	N					·····		·····	0	
47. 48.	•	WA	N								0	
49.	West Virginia		N								0	
	Wisconsin		L	5,862,899							5,862,899	
		WY	N								0	
52.	American Samoa		N								0	
53.	Guam	GU	N								0	
54.		PR	N								0	
	U.S. Virgin Islands	VI	N								0	
56.	Northern Mariana	MD	A.I								_	
57.	Islands		N								0	
57. 58.	Aggregate Other	CAN	IV								JU	
50.	Aliens	ОТ	XXX	0	0	0	0	0	0	0	0	0
59.	Subtotal		XXX	5,862,899	0	0	0	0		0	5,862,899	0
60.	Reporting Entity											
	Contributions for En										^	
61.	Benefit Plans Totals (Direct Busine		XXX	5,862,899	0	0	0	0	0	0	5,862,899	0
UI.	DETAILS OF WRITE		XXX	ე,00∠,899	U	U	U	0	U	0	ე,ძნ∠,899	- 0
58001.	DETAILS OF WRITE		XXX							<u> </u>	L	
58002.			XXX									
			XXX									
	Summary of remaining	ıg										
	write-ins for Line 58 f		1001	^	0	0	0	0	0	_	^	_
58999	overflow page Totals (Lines 58001 t		XXX	0	0	0	0	l0	0	0	0	0
	58003 plus 58998)(Li											
	above)		XXX	0	0	0	0	0	0	0	0	0
	e Status Counts:										-	-

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

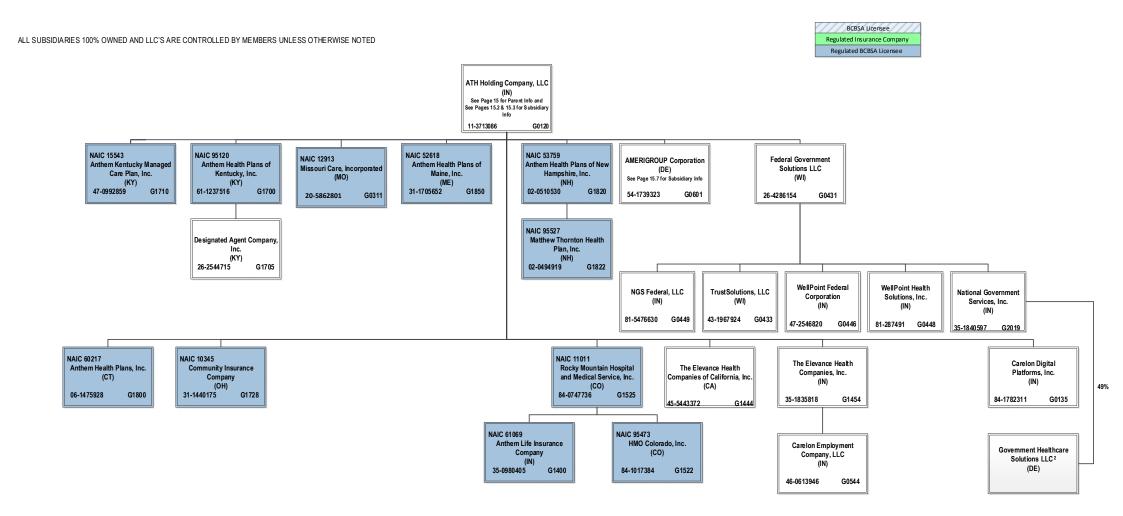
Regulated Insurance Company

Regulated BCBSA Licensee

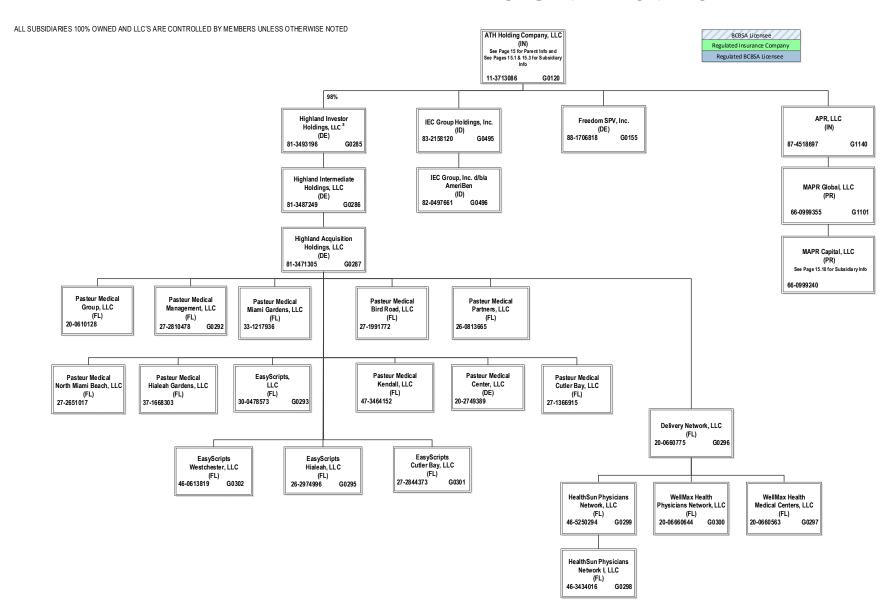
ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED

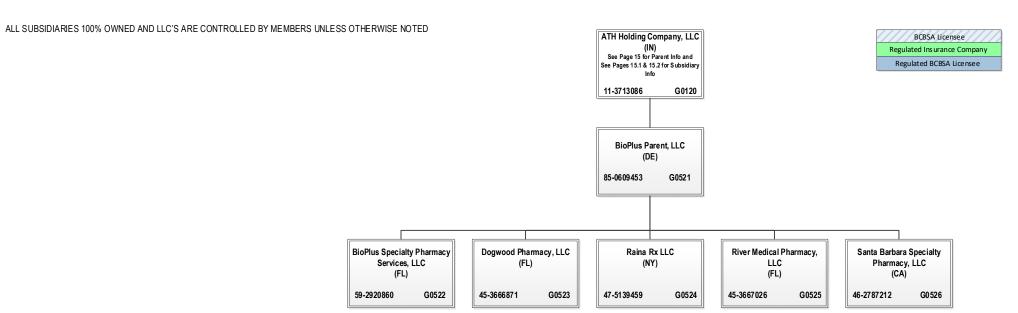


# SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 – ORGANIZATIONAL CHART

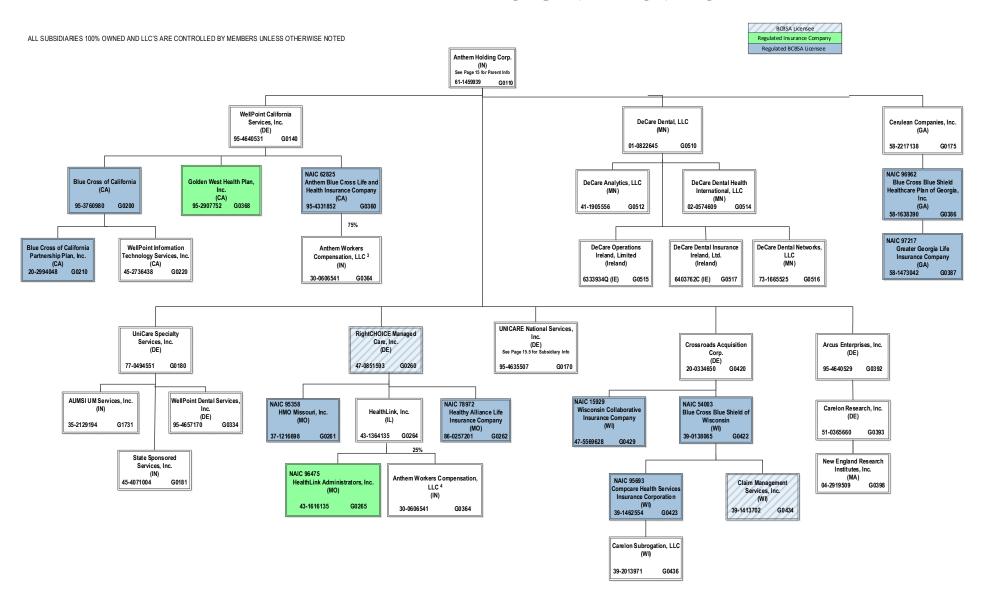


# SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 – ORGANIZATIONAL CHART



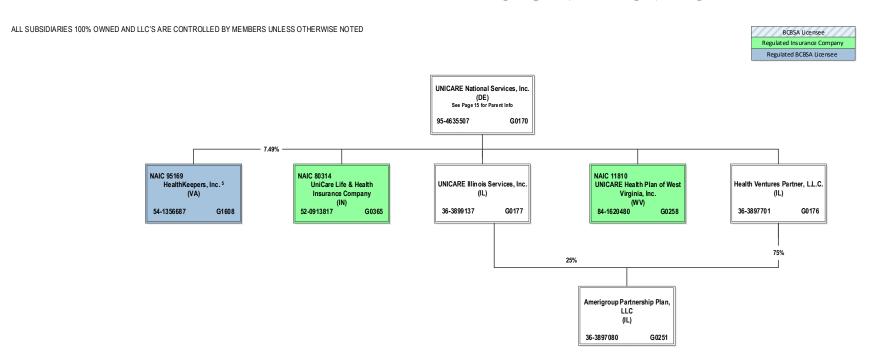


# SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 – ORGANIZATIONAL CHART



 $<sup>^4</sup>$  Anthem Workers' Compensation, LLC is owned 75% by Anthem Blue Cross Life and Health Insurance Company and 25% by HealthLink, Inc.

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



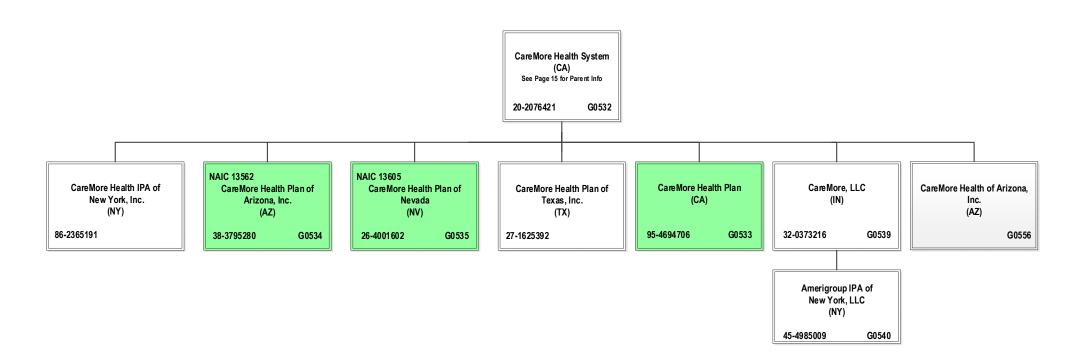
# SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 – ORGANIZATIONAL CHART

BCBSA Licensee

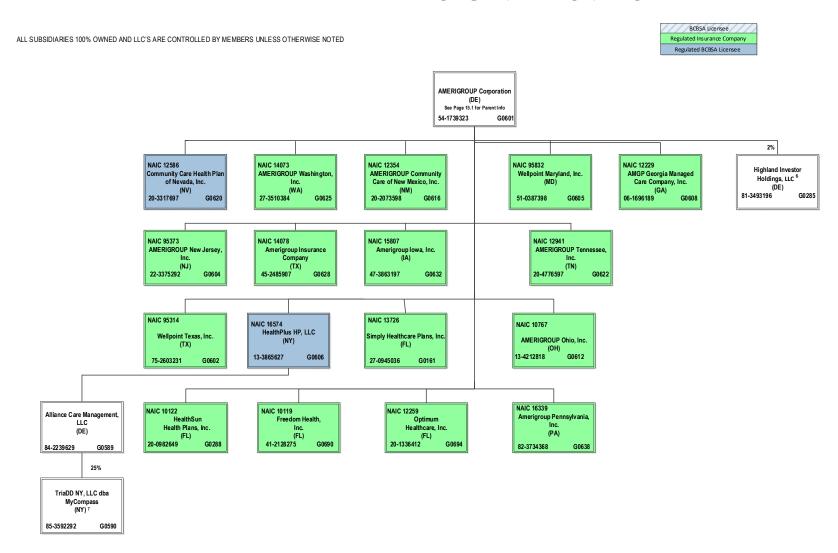
Regulated Insurance Company

Regulated BCBSA Licensee

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



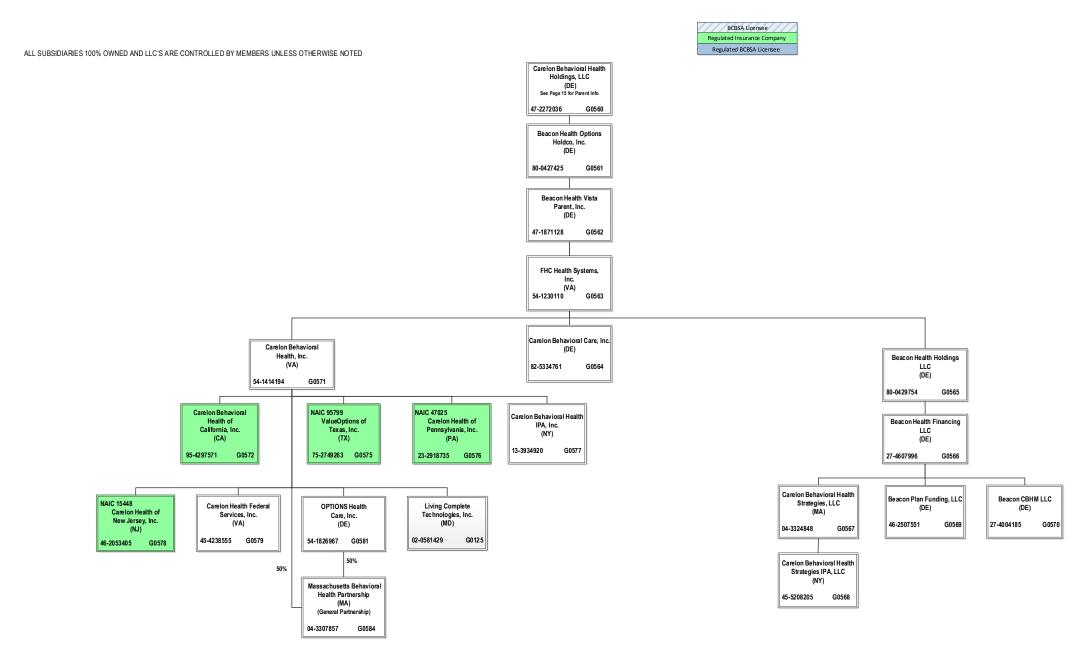
# SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 – ORGANIZATIONAL CHART



<sup>&</sup>lt;sup>6</sup> Amerigroup Corporation holds a 2% interest in Highland Investor Holdings, LLC, and ATH Holding Company, LLC holds the remaining 98% interest.

 $<sup>^7{\</sup>rm TriaDD}$  NY, LLC dba MyCompass is 25% owned by Alliance Care Management, LLC and the remaining 75% interest is owned by unaffiliated investors.

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



# 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 Anthem Partnership Holding Company, LLC 81-3974489 90% 49% 75% 50% NAIC 16345 NAIC 14276 NAIC 14064 Wellpoint South JAIC 16298 NAIC 16168 NAIC 16145 Community Care Health Plan of munity Care Health Plan of Amerigroup Delaware, Inc. Amerigroup District of Carolina, Inc. APC PASSE LLC Amerigroup Mississippi, Inc. CCHAILC9 Louisiana, Inc.8 (DE) Kansas, Inc. 15 (SC) (DC) 81-4626605 G0660 82-1853423 G0651 26-4674149 82-1800037 G0670 45-3358287 G0631 92-3489706 81-4131800 82-3062789 95% 50% 50% NAIC 15951 GR Health Solutions, LLC 12 NAIC 16553 Momentum Health Community Care Health Plan of (PA) AMH Health, LLC 10 Partners, LLC 11 Nebraska, Inc. 13 84-4672692 G8477 47-5456872 G0310 83-2435050 G0652 82-4684953 NAIC 16774 NAIC 12812 AMH Health Plans of (ME) (PA) 30-0326654 G8478 84-4181695 G0653

8 Community Care Health Plan of Louisiana, Inc. is a joint verture 75% owned by Anthem Partnership Holding Company, LLC and 25% owned by Louisiana Health Service & Indemnity Company dib/a Blue Cross and Blue Shield of Louisiana (non-affiliate)

<sup>9</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)

 $^{10}$  AMH Health, LLC is a joint venture 50% owned by MaineHealth (non-affiliate) and 50% owned by Anthem Partnership Holding Company, LLC

11 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)

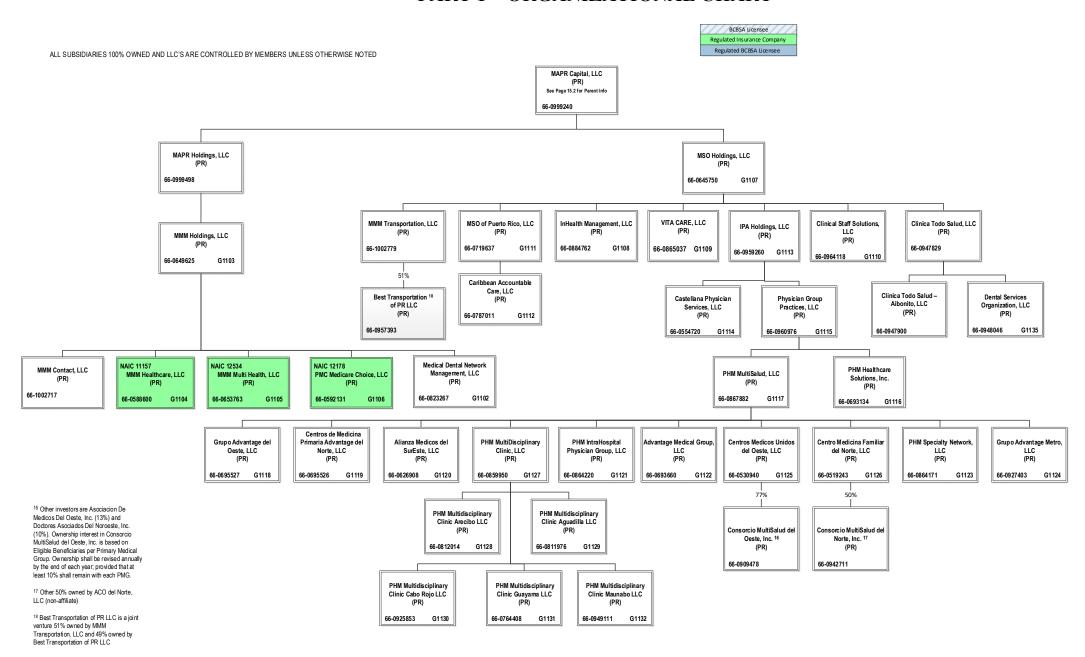
<sup>12</sup> GR Health Solutions, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Independence Blue Cross, LLC (nonaffiliate)

<sup>13</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>14</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).

15 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 (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



## SCHEDULE Y

### PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

						7 - DE I AI	L OF INSURANC	/L I	IOLD	THE COMPANI	SISILIVI				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Type	If			
											of Control	Control			
											(Ownership,	is		Is an	
						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	*
. 0671	Elevance Health, Inc		66-0693660		0001156039		Advantage Medical Group, LLC	PR	NIA	PHM MultiSalud, LLC	Ownership	100.000	Elevance Health, Inc	N0	
. 0671	Elevance Health, Inc		66-0626908		0001156039		Alianza Medicos del SurEste, LLC	PR	NIA	PHM MultiSalud, LLC	Ownership	100.000	Elevance Health, Inc	N0	
. 0671	Elevance Health, Inc		84-2239629		0001156039		Alliance Care Management, LLC	DE	NIA	HealthPlus HP, LLC	Ownership	100.000	Elevance Health, Inc	N0	
0074	E	40054	20-2073598		0001156039		AMERIGROUP Community Care of New Mexico, Inc.			AMEDIADONID O	Ownership	400.000	E	NO	
	Elevance Health, Inc.	12354	20-20/3598 54-1739323		0001156039	•••••	AMERIGROUP Corporation	NM DE	IA	AMERIGROUP Corporation	Ownership	100.000	Elevance Health, Inc.	NO	1
. 0671	Elevance Health, Inc.		82-1800037		0001156039		AMERIGROUP Delaware. Inc.	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.	16168	81-4131800		0001156039		Ameriaroup District of Columbia, Inc.	DE	IA	Anthem Partnership Holding Company, LLC Anthem Partnership Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.	14078	45-2485907		0001156039		3	TX	IA	AMERIGROUP Corporation	Ownership	100.000	Elevance Health, Inc.	NO	
	Elevance Health, Inc.	14078	47-3863197		0001156039		Amerigroup Insurance Company	IA	IA	AMERIGROUP Corporation	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.	13607	45-4985009		0001156039		Amerigroup IPA of New York, LLC	NY	NIA	CareMore. LLC	Ownership	100.000	Elevance Health, Inc.	NO	
	Elevance Health, Inc.	16145	81-4626605		0001156039		Amerigroup Mississippi, Inc.	NY	IA	Anthem Partnership Holding Company, LLC	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.	95373	22-3375292		0001156039		AMERIGROUP New Jersey, Inc.	NJ	IA	AMERIGROUP Corporation	Ownership	100.000	Elevance Health, Inc.	NO	1
	Elevance Health, Inc.	10767	13-4212818		0001156039		AMERIGROUP Ohio. Inc.	0H	IA	AMERIGROUP Corporation	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.	10/0/	36-3897080		0001156039		Amerigroup Partnership Plan, LLC	IL	NIA	Health Ventures Partner, L.L.C.	Ownership	75.000	Elevance Health, Inc.	NO	
	Elevance Health, Inc.		36-3897080		0001156039		Amerigroup Partnership Plan, LLC	IL		UNICARE Illinois Services, Inc.	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.	16339	82-3734368		0001156039	•••••	Amerigroup Pennsylvania, Inc.	PA	IA	AMERIGROUP Corporation	Ownership.	100.000	Elevance Health, Inc.	NO	
	Elevance Health, Inc.	12941	20-4776597		0001156039		AMERIGROUP Tennessee, Inc.	TN	IA	AMERIGROUP Corporation	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.	14073	27-3510384		0001156039	•••••	AMERIGROUP Washington, Inc.	WA	IA	AMERIGROUP Corporation	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.	12229	06-1696189		0001156039		AMGP Georgia Managed Care Company, Inc	GA	IA	AMERIGROUP Corporation	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.	16774	84-4181695		0001156039		AMH Health Plans of Maine, Inc.	ME	IA	AMH Health, LLC	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.	16553	83-2435050		0001156039		AMH Health. LLC	ME	IA	Anthem Partnership Holding Company, LLC	Ownership		Elevance Health, Inc.	NO	0105
							Anthem Blue Cross Life and Health Insurance			,,					
. 0671	Elevance Health, Inc	62825	95-4331852		0001156039		Company	CA	IA	WellPoint California Services, Inc	Ownership	100.000	Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc		35-1898945		0001156039		Anthem Financial, Inc.	DE	NIA	Associated Group, Inc	Ownership	100.000	Elevance Health, Inc	NO	
	Elevance Health, Inc	95120	61-1237516		0001156039		Anthem Health Plans of Kentucky, Inc	KY	IA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc	52618	31-1705652		0001156039		Anthem Health Plans of Maine, Inc	ME	IA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc	53759	02-0510530		0001156039		Anthem Health Plans of New Hampshire, Inc	NH	IA	ATH Holding Company, LLC	Ownership		Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc	71835	54-0357120	40003317	0001156039		Anthem Health Plans of Virginia, Inc	VA	IA	Anthem Southeast, Inc.	Ownership	100.000	Elevance Health, Inc	NO	
	Elevance Health, Inc	60217	06-1475928		0001156039		Anthem Health Plans, Inc.	CT	IA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc		61-1459939		0001156039		Anthem Holding Corp.	IN	UIP	Elevance Health, Inc.	Ownership	100.000	Elevance Health, Inc	NO	
	Elevance Health, Inc	28207	35-0781558		0001156039		Anthem Insurance Companies, Inc	IN	IA	Elevance Health, Inc.	Ownership		Elevance Health, Inc	N0	
. 0671	Elevance Health, Inc.	15543	47-0992859		0001156039		Anthem Kentucky Managed Care Plan, Inc	KY	IA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc	13573	20-5876774		0001156039		Anthem Life & Disability Insurance Company .	NY	IA	WellPoint Acquisition, LLC	Ownership	100.000	Elevance Health, Inc	NO	
0674	Elevance Health, Inc.	61069	35-0980405		0001156039		Anthem Life Insurance Company	IN	1.4	Rocky Mountain Hospital and Medical Service. Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.	61069	35-0980405 81-3974489		0001156039		Anthem Partnership Holding Company, LLC	IN	IA	Elevance Health. Inc.	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		32-0031791		0001156039		Anthem Southeast. Inc.	IN	NIA	Elevance Health, Inc.	Ownership		Elevance Health, Inc.	NO	
. 00/1	Elevance Health, Inc.		32-0031/91		0001136039		Anthem Southeast, Inc.	IN	NI A	Anthem Blue Cross Life and Health Insurance			Elevance health, Inc.	NO	
. 0671	Elevance Health, Inc		30-0606541	l	0001156039		Anthem Workers' Compensation, LLC	IN	NIA	Company	Ownership	75.000	Elevance Health, Inc.	NO	J J
. 0671	Elevance Health, Inc.		30-0606541		0001156039		Anthem Workers' Compensation, LLC	IN	NIA	HealthLink, Inc.	Ownership	25.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.	16298	82-3062789		0001156039		APC Passe, LLC	AR	NI A	Anthem Partnership Holding Company, LLC	Ownership	49.000	Elevance Health, Inc.	NO	0113
	Elevance Health, Inc.		80-0531799		0001156039		Applied Pathways, LLC	IL	NIA	Carelon Medical Benefits Management, Inc.	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		80-0531799		0001156039		Applied Pathways, LLC	IL	NIA	HEP AP Holdings, Inc.	Ownership	46.480	Elevance Health, Inc.	NO	
	Elevance Health, Inc.		87-4518697		0001156039		APR, LLC	IN		ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		95-4640529		0001156039		Arcus Enterprises, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Elevance Health, Inc.	NO	
	Elevance Health, Inc.		90-1057454		0001156039		Aspire Health, Inc.	DE	NIA	Nash Holding Company, LLC	Ownership		Elevance Health, Inc.	NO	
	Elevance Health, Inc		35-1292384		0001156039		Associated Group, Inc.	IN	NIA	Anthem Insurance Companies, Inc.	Ownership	100.000	Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc		11-3713086	<u> </u>	0001156039		ATH Holding Company, LLC	IN	NIA	Elevance Health, Inc.	Ownership	100.000	Elevance Health, Inc	NO	

## **SCHEDULE Y**

### PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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											Type	lf			
											of Control	Control			
											(Ownership,	is		Is an	
						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	
. 0671	Elevance Health, Inc.		35-2129194		0001156039	,	AUMSI UM Services. Inc.	IN	NIA	UNICARE Specialty Services, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	J
. 0671	Elevance Health, Inc.		27-4004185		0001156039		Beacon CBHM LLC	DE	NIA	Beacon Health Financing LLC	Ownership	100.000	Elevance Health, Inc.	NO	
	Elevance Health, Inc.		27-4607996		0001156039		Beacon Health Financing LLC	DE	NIA	Beacon Health Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		80-0429754		0001156039		Beacon Health Holdings, LLC	DE	NIA	FHC Health Systems, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		80-0427425		0001156039		Beacon Health Options Holdco, Inc.	DE	NIA	Carelon Behavioral Health Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.	l	47-1871128		0001156039		Beacon Health Vista Parent, Inc.	DE	NIA	Beacon Health Options Holdco. Inc.	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.	l	46-2507551		0001156039		Beacon Plan Funding, LLC	DE	NIA	Beacon Health Financing LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.	l	66-0957393		0001156039		Best Transportation, LLC	PR	NIA	MMM Transportation, LLC	Ownership	51.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.	l	85-0609453		0001156039		BioPlus Parent, LLC	DE	NIA	ATH Holding Company, LLC	Ownership		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	
	,						Blue Cross Blue Shield Healthcare Plan of						,		
. 0671	Elevance Health, Inc	96962	58-1638390		0001156039		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	0101
							Blue Cross of California Partnership Plan,								
. 0671	Elevance Health, Inc		20-2994048		0001156039		Inc	CA	IA	Blue Cross of California	Ownership		Elevance Health, Inc	NO	0101
	Elevance Health, Inc		82-5334761		0001156039		Carelon Behavioral Care, Inc	DE	NIA	FHC Health Systems, Inc.	Ownership		Elevance Health, Inc	NO	
	Elevance Health, Inc		47-2272036		0001156039		Carelon Behavioral Health Holdings, LLC	DE	NIA	Elevance Health, Inc.	Ownership	100.000	Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc		13-39324920		0001156039		Carelon Behavioral Health IPA, Inc	NY	NI A	Carelon Behavioral Health, Inc	Ownership	100.000	Elevance Health, Inc	NO	
							Carelon Behavioral Health of California, Inc.							J	
. 0671	Elevance Health, Inc		95-4297571		0001156039			CA	IA	Carelon Behavioral Health, Inc	Ownership	100.000	Elevance Health, Inc	NO	0101
2074			45 5000005				Carelon Behavioral Health Strategies IPA, LLC					400.000		,,,	
. 0671	Elevance Health, Inc.		45-5208205		0001156039			NY	NIA	Beacon Health Strategies LLC	Ownership	100.000	Elevance Health, Inc.	NO	· · · · · · · · · · · · · · · · · · ·
	Elevance Health, Inc.		04-3324848		0001156039		Carelon Behavioral Health Strategies, LLC	MA	NIA	Beacon Health Financing LLC	Ownership	100.000	Elevance Health, Inc.	NO	
	Elevance Health, Inc.		54-1414194		0001156039		Carelon Behavioral Health, Inc.	VA	NIA	FHC Health Systems, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
	Elevance Health, Inc.		98-1492098		0001156039		Carelon Digital Platforms Israel Ltd	ISR	NIA	Carelon Holdings I, Inc.	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		84-1782311		0001156039		Carelon Digital Platforms, Inc	IN	NIA	ATH Holding Company, LLC	Ownership		Elevance Health, Inc.	NO	
	Elevance Health, Inc.		46-0613946		0001156039		Carelon Employment Company, LLC.	IN	NIA	The Elevance Health Companies, Inc	Ownership	100.000	Elevance Health, Inc.	NO	
	Elevance Health, Inc.		98-1397080 98-1397080		0001156039		Carelon Global Solutions India LLP	IN	NIA	Carelon Holdings I, Inc.	Ownership	99.000	Elevance Health, Inc.	NO	
	Elevance Health, Inc.				0001156039		Carelon Global Solutions India LLP	IN	NIA	Carelon Holdings II, LLC	Ownership	1.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.				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	
0674	Elevenes Health Ir-		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.	PK	NIA	Carelon Holdings I, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	1
. 0671	Elevance Health, Inc.		87-2164713 45-4238555		0001156039		Carelon Global Solutions U.S., Inc	IN	NIA	Carelon Holdings I, Inc	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671		15448	46-2053405		0001156039		Carelon Health of New Jersey, Inc.	NJ	IA	Carelon Behavioral Health, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	1
	Elevance Health, Inc	47025	23-2918735		0001156039		Carelon Health of Pennsylvania, Inc.	NJ	IA	Carelon Behavioral Health, Inc.	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.	4/025	23-2918735 54-1237939		0001156039		Carelon Health Solutions. Inc.	VA	NIA	Southeast Services, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
			82-3030791		0001156039			IN	NIA		Ownership	100.000	Elevance Health, Inc.	NO	1
. 0671	Elevance Health, Inc		82-3030791 82-3031178		0001156039		Carelon Holdings I, Inc	IN	NIA	Elevance Health, Inc	Ownership	100.000	Elevance Health, Inc.	NO	
	T							IN		, ,	**************************************			NO	1
. 0671	Elevance Health, Inc Elevance Health. Inc		82-3027094 82-3300542		0001156039 0001156039		Carelon Holdings, Inc.	IN	NIA	Elevance Health, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
			82-3300542 36-3692630		0001156039		Carelon Insights, Inc.	IN	NIA	Carelon Holdings, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	1
	Elevance Health, Inc Elevance Health. Inc		36-3692630 47-4671638		0001156039		Carelon Medical Benefits Management, Inc		NIA	Imaging Management Holdings, L.L.C.	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671			47-4671638 51-0365660		0001156039		Carelon Post Acute Solutions, Inc.	DE	NIA	myNEXUS Management, Inc.	Ownership			NO	1
. 06/1	Elevance Health, Inc		5 I-U365660		0001156039		Carelon Research, Inc.	UE	NIA	Arcus Enterprises, Inc	Ownership	100.000	Elevance Health, Inc.	NU	
. 0671	Elevance Health, Inc.		39-2013971		0001156039		Carelon Subrogation, LLC	WI	NIA	Comporation	Ownership	100.000	Elevance Health. Inc.	NO	
	Elevance Health, Inc.		47-3025203		0001156039		CarelonRx Pharmacy, Inc.	WI	NIA	CarelonRx, Inc.	Ownership		Elevance Health, Inc.	NO	1
	Elevance Health, Inc.		82-3062245		0001156039		CarelonRx, Inc.	IN	NIA	Carelon Holdings, Inc.	Ownership		Elevance Health, Inc.	NO	
. 00/1	LIVERIOU HOUITH, HID		OL UUULLAU		6000011000		VUI VIVIIIA, 1110	!!*	INI //	our oron norunnyo, mo	omiol on p		LIVIANO NOBILII, ING		

	PART IA - DETAIL OF INSURANCE HOLDING COMPANT STSTEM														
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						Name of Securities			Relation-		Board.	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence.	Percen-	Ultimate Controlling	auired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	*
. 0671	Elevance Health. Inc.		86-2365191		0001156039		CareMore Health IPA of New York, Inc	NY	NIA	CareMore Health System	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		92-0997812		0001156039		Caremore Health of Arizona. Inc	AZ	NI A	CareMore Health System	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		95-4694706		0001156039		CareMore Health Plan	CA	IA	CareMore Health System	Ownership	100.000	Elevance Health, Inc.	NO	0101
. 0671	Elevance Health, Inc	13562	38-3795280		0001156039		CareMore Health Plan of Arizona, Inc	AZ	IA	CareMore Health System	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc	13605	26-4001602		0001156039		CareMore Health Plan of Nevada	NV	IA	CareMore Health System	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc		27-1625392		0001156039		CareMore Health Plan of Texas, Inc	TX	NI A	CareMore Health System	Ownership	100.000	Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc		20-2076421		0001156039		CareMore Health System	CA	NI A	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc		32-0373216		0001156039		CareMore, LLC	IN	NI A	CareMore Health System	Ownership	100.000	Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc		66-0787011		0001156039		Caribbean Accountable Care, LLC	PR	NI A	MSO of Puerto Rico, LLC	Ownership	100.000	Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc		66-0554720		0001156039		Castellana Physician Services, LLC	PR		IPA Holdings, LLC	Ownership	100.000	Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc	16345	82-1853423		0001156039		CCHA, LLC	co	I A	Anthem Partnership Holding Company, LLC	Ownership	50.000	Elevance Health, Inc	NO	0102
							Centros de Medicina Primaria Advantage del								
. 0671	Elevance Health, Inc.		66-0695526		0001156039		Norte, LLC	PR	NI A	PHM MultiSalud, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		66-0519243		0001156039		Centros Medicina Familiar del Norte, LLC	PR	NI A	PHM MultiSalud, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		66-0530940		0001156039		Centros Medicos Unidos del Oeste, LLC	PR	NI A	PHM MultiSalud, LLC	Ownership		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.		39-1413702		0001156039		Claim Management Services, Inc.	WI	NIA NIA	Blue Cross Blue Shield of Wisconsin	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		66-0947829 66-0947900		0001156039 0001156039		Clinica Todo Salud, LLC	PR	NIA	MSO Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		66-0947900		0001156039			PR			Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc	14276	45-3358287		0001156039		Clinical Staff Solutions, LLC	PR	IA	MSO Holdings, LLC	Ownership	90.000	Elevance Health, Inc.	NO	0112
. 00/1	Elevance Health, Inc	142/6	45-3358287		0001106039		Community Care Health Plan of Kansas, Inc	NS	IA	Anthem Partnership Holding Company, LLC	Ownersnip	90.000	Elevance Health, Inc	NU	0112
. 0671	Elevance Health, Inc.	14064	26-4674149		0001156039		Community care nearth Fran or Louistana, Inc.	LA	IA	Anthem Partnership Holding Company, LLC	Ownership	75.000	Elevance Health. Inc.	NO	0104
. 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	0110
. 0671	Elevance Health, Inc.	12586	20-3317697		0001156039		Community Care Health Plan of Nevada, Inc	NV	IA	AMERIGROUP Corporation	Owner ship	100.000	Elevance Health, Inc.	NO	0110
. 0671	Elevance Health, Inc.	10345	31-1440175		0001156039		Community Insurance Company	OH	IA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
							Compcare Health Services Insurance			, , , ===					
. 0671	Elevance Health, Inc	95693	39-1462554		0001156039		Corporation	WI	IA	Blue Cross Blue Shield of Wisconsin	Ownership	100.000	Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc		66-0942711		0001156039		Consorcio MultiSalud del Norte, Inc	PR	NI A	Centros Medicina Familiar del Norte, LLC .	Ownership	50.000	Elevance Health, Inc	NO	0108
. 0671	Elevance Health, Inc		66-0909478		0001156039		Consorcio MultiSalud del Oeste, Inc	PR	NI A	Centros Medicos Unidos del Oeste, LLC	Ownership	77.000	Elevance Health, Inc	NO	0103
. 0671	Elevance Health, Inc		20-0334650		0001156039		Crossroads Acquisition Corp	DE	UDP	Anthem Holding Corp	Ownership		Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc		41-1905556		0001156039		DeCare Analytics, LLC	MN	NIA	DeCare Dental, LLC	Ownership		Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc.		02-0574609		0001156039		DeCare Dental Health International, LLC	MN	NI A	DeCare Dental, LLC	Ownership	100.000	Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc.				0001156039		DeCare Dental Insurance Ireland, Ltd	IRL	NI A	DeCare Dental, LLC	Ownership		Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc.		73-1665525		0001156039		DeCare Dental Networks, LLC	MN	NI A	DeCare Dental, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		01-0822645		0001156039		DeCare Dental, LLC	MN	NI A	Anthem Holding Corp	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.				0001156039		DeCare Operations Ireland, Limited	IRL	NI A	DeCare Dental, LLC	Ownership	100.000	Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc.		20-0660775		0001156039		Delivery Network, LLC	FL	NI A	Highland Acquisition Holdings, LLC	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		66-0948046		0001156039		Dental Services Organization, LLC	PR	NI A	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 27-2844373		0001156039 0001156039		Dogwood Pharmacy, LLC	FL	NIA	BioPlus Parent, LLC	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		27-2844373 26-2974996		0001156039		EasyScripts Cutler Bay, LLC	FL	NIA	Highland Acquisition Holdings, LLC Highland Acquisition Holdings, LLC	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		26-2974996 30-0478573		0001156039		EasyScripts Highean, LLC	FL	NIA	Highland Acquisition Holdings, LLC Highland Acquisition Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 06/1	Elevance Health, Inc.		46-0613819		0001156039		EasyScripts LLC	FL	NIA	Highland Acquisition Holdings, LLC Highland Acquisition Holdings, LLC	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		13-3934328		0001156039		EHC Benefits Agency. Inc.	NY	NIA	WellPoint Holding Corp	Ownership	100.000	Elevance Health, Inc.	NO	
. 00/1	Liovanoc licattii, iiio.		10 0304020			New York Stock Exchange	Lilo belieff to Agency, The			merin onic notating outp	omici siiip		Lievanos neartii, inc.	١٧٠	
. 0671	Elevance Health, Inc.		35-2145715		0001156039	(NYSE)	Elevance Health, Inc.	IN	UIP				Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.	55093	23-7391136		0001156039		Empire HealthChoice Assurance, Inc	NY	IA	WellPoint Holding Corp	Ownership	100.000	Elevance Health, Inc.	NO	

	PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM														
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						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
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Group		Company	ID	Federal		(U.Š. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	*
. 0671	Elevance Health, Inc	95433	13-3874803		0001156039		Empire HealthChoice HMO, Inc.	NY	IA	Empire HealthChoice Assurance, 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		54-1230110		0001156039		FHC Health Systems, Inc.	VA	NIA	Beacon Health Vista Parent, Inc	Ownership	100.000	Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc	10119	41-2128275		0001156039		Freedom Health, Inc.	FL	IA	AMERIGROUP Corporation	Ownership	100.000	Elevance Health, Inc	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		95-2907752		0001156039		Golden West Health Plan, Inc	CA	IA	WellPoint California Services, Inc	Ownership	100.000	Elevance Health, Inc	NO	0101
. 0671	Elevance Health, Inc				0001156039		Government Healthcare Solutions LLC	DE	NIA	National Government Services, Inc	Ownership	49.000	Elevance Health, Inc	NO	0114
. 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	0107
										Blue Cross Blue Shield Healthcare Plan of					
. 0671	Elevance Health, Inc	97217	58-1473042		0001156039		Greater Georgia Life Insurance Company	GA	IA	Georgia, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.	12812	30-0326654		0001156039		Group Retiree Health Solutions, Inc	PA	IA	GR Health Solutions LLC	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc		66-0695527		0001156039		Grupo Advantage del Oeste, LLC	PR	NI A	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	16426	82-1820099		0001156039		Health Colorado, Inc.	co	IA	Carelon Behavioral Health, Inc	Ownership	16.670	Elevance Health, Inc	NO	0109
. 0671	Elevance Health, Inc		36-3897701		0001156039		Health Ventures Partner, L.L.C	IL	NIA	UNICARE National Services, Inc	Ownership		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	I A	UNICARE 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	16574	13-3865627		0001156039		HealthPlus HP, LLC	NY	IA	AMERIGROUP Corporation	Ownership	100.000	Elevance Health, Inc	NO	0100
. 0671	Elevance Health, Inc	10122	20-0982649		0001156039		HealthSun Health Plans, Inc.	FL	IA	AMERIGROUP 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		Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc		47-3953545		0001156039		HEP AP Holdings, Inc.	DE	NIA	Imaging Management Holdings, L.L.C	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		Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc		81-3493196		0001156039		Highland Investor Holdings, LLC	DE	NIA	AMERIGROUP Corporation	Ownership	2.000	Elevance Health, Inc	NO	
										Rocky Mountain Hospital and Medical					
. 0671	Elevance Health, Inc.	95473	84-1017384		0001156039		HMO Colorado, Inc.	00	IA	Service, Inc.	Ownership		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.		75-2619605		0001156039		Imaging Management Holdings, L.L.C.	DE	NIA	ATH Holding Company, LLC	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		66-0884762		0001156039		InHealth Management, LLC	PR		MSO Holdings, LLC	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.		02-0581429		0001156039		Living Complete Technologies, Inc.	MD	NI A	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	NI A	Carelon Behavioral Health, Inc	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc		04-3307857		0001156039		Massachusetts Behavioral Health Partnership	MA	NI A	OPTIONS Health Care, Inc.	Ownership	50.000	Elevance Health, Inc.	NO	
		05507						l	l	Anthem Health Plans of New Hampshire, Inc.	l	400.00-	l <sub>-</sub>		
. 0671	Elevance Health, Inc.	95527	02-0494919		0001156039		Matthew Thornton Health Plan, Inc.	NH	IA		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.	12913	20-5862801		0001156039		Missouri Care, Incorporated	MO	IA	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc		66-1002717		0001156039		MMM Contact, LLC	PR		MMM Holdings, LLC	Ownership		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	

	PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM														
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											of Control	Control			1
											(Ownership,	is		Is an	1
						Name of Securities			Relation-		Board,	Owner-		SCA	1
						Exchange		Domi-	ship		Management,	ship		Filing	1
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	1
Group		Company	ID	Federal		(U.Ś. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	1
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	*
. 0671	Elevance Health, Inc		. 66-0649625		0001156039		MMM Holdings, LLC	PR	NI A	MAPR Holdings, LLC	Ownership		Elevance Health, Inc.	N0	
. 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	NI A	MSO Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc		. 82-4684953		0001156039		Momentum Health Partners, LLC	NC	NI A	Anthem Partnership Holding Company, LLC	Ownership	50.000	Elevance Health, Inc	NO	0106
. 0671	Elevance Health, Inc		. 66-0645750		0001156039		MSO Holdings, LLC	PR	NI A	MAPR Capital, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc		. 66-0719637		0001156039		MSO of Puerto Rico, LLC	PR	NI A	MSO Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc		. 84-1811105		0001156039		myNEXUS Holdings, Inc	DE	NI A	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc		. 84-1801030		0001156039		myNEXUS Management, Inc.	DE	NI A	myNEXUS Holdings, Inc	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc		. 81-4603181		0001156039		myNEXUS NPHO of TEXAS	TX	NI A	Carelon Post Acute Solutions, Inc	Ownership	100.000	Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc		. 85-0541810		0001156039		myNEXUS NY IPA, LLC	NY	NI A	Carelon Post Acute Solutions, Inc	Ownership	100.000	Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc		. 83-0892028		0001156039		Nash Holding Company, LLC	DE	NI A	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc		. 35-1840597		0001156039		National Government Services, Inc	IN	NI A	Federal Government Solutions, LLC	Ownership	100.000	Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc		. 04-2919509		0001156039		New England Research Institute, Inc	MA	NI A	Carelon Research, Inc.	Ownership	100.000	Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc.		. 81-5476630		0001156039		NGS Federal, LLC	IN	NI A	Federal Government Solutions, LLC	Ownership		Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc.	12259	20-1336412		0001156039		Optimum Healthcare, Inc	FL	IA	AMERIGROUP Corporation	Ownership		Elevance Health, Inc	NO	
. 0671	Elevance Health, Inc.		. 54-1826967		0001156039		OPTIONS Health Care. Inc.	DE	NIA	Carelon Behavioral Health, Inc.	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		. 27-1991772		0001156039		Pasteur Medical Bird Road, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		. 20-2749389		0001156039		Pasteur Medical Center, LLC	DE	NIA	Highland Acquisition Holdings, LLC	Ownership		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	NI A	Highland Acquisition Holdings, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		. 37-1668303		0001156039		Pasteur Medical Hialeah Gardens, LLC	FL	NI A	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		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		. 27-2810478		0001156039		Pasteur Medical Management, LLC	FL	NI A	Highland Acquisition Holdings, LLC	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health Inc.		. 33-1217936		0001156039		Pasteur Medical Miami Gardens, LLC	FL	NI A	Highland Acquisition Holdings, LLC	Ownership		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	NI A	Highland Acquisition Holdings, 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		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 Aquadilla LLC .	PR	NI A	PHM MultiDisciplinary Clinic, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		. 66-0812014		0001156039		PHM Multidisciplinary Clinic Arecibo LLC	PR	NI A	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		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	Owner Strip	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	Owner Strip	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		. 66-0864171		0001156039		PHM Specialty Network, LLC	PR	NIA	PHM MultiSalud. LLC	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		. 66-0960976		0001156039		Physician Group Practices, LLC	PR	NIA	IPA Holdings, LLC	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		66-0592131		0001156039		PMC Medicare Choice, LLC	PR	NIA	MMM Holdings, LLC	Owner Strip		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		. 47-5139459		0001156039		Raina Rx LLC	Ph	NIA	BioPlus Parent, LLC	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		. 47-0139409		0001156039		RightCHOICE Managed Care, Inc.	NY	NIA	Anthem Holding Corp.	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		. 47-0851593		0001156039		River Medical Pharmacy, LLC	FL	NIA	BioPlus Parent LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 00/1	Elevance meaith, inc.		. 43-300/020		פנטסכו ו טטט		Rocky Mountain Hospital and Medical Service,	FL	NI A	DIOFIUS FATERIL, LLC	Owner 2011b		Elevance mealth, inc.	INU	
. 0671	Elevance Health, Inc.	11011	84-0747736		0001156039		Inc.	co	IA	ATH 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		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		. 20-0473316		0001156039		SellCore. Inc.	DE	NIA	Elevance Health. Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		27-0945036		0001156039		Simply Healthcare Plans, Inc.	FL	IA	AMERIGROUP Corporation	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		. 55-0712302		0001156039		Southeast Services. Inc.	VA	NIA	Anthem Southeast, Inc.	Ownership		Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		. 45-4071004		0001156039		State Sponsored Services, Inc.	IN	NIA	UNICARE Specialty Services, Inc.	Owner Strip		Elevance Health, Inc.	NO	
. 00/1	LIEVANCE HEATTH, THE	.	. 140-40/1004		פגטסטווטטטו		jotate opunouieu oeivides, Inc	IIV	NIA	TONIONIE OPECIALLY OFFVICES, INC	OMITGE 2111h	100.000	LIEVANCE MEAILIN, INC	IWU	

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Type	lf			
											of Control	Control			
											(Ownership,	is		Is an	
						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliarv	to		Attorney-in-Fact.	Provide		Re-	
Group		Company	ID	Federal		(U.Ś. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	*
	'	_				/	The Elevance Health Companies of California,		,		,			, ,	
. 0671	Elevance Health, Inc.		45-5443372		0001156039		Inc.	CA	NI A	ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		35-1835818		0001156039		The Elevance Health Companies, Inc.	IN		ATH Holding Company, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.				0001156039		TriaDD NY. LLC dba MvCompass	NY	NIA	Alliance Care Management, LLC	Ownership	25.000	Elevance Health, Inc.	NO	0111
. 0671	Elevance Health, Inc.		43-1967924		0001156039		TrustSolutions, LLC	WI	NI A	Federal Government Solutions, LLC	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		84-1620480		0001156039		UNICARE Health Plan of West Virginia, Inc	WV	IA	UNICARE National Services. Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		36-3899137		0001156039		UNICARE Illinois Services. Inc.	IL	NIA	UNICARE National Services. Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.	80314	52-0913817		0001156039		UNICARE Life & Health Insurance Company	IN	IA	UNICARE National Services, Inc.	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		95-4635507		0001156039		UNICARE National Services. Inc.	DE	NI A	Anthem Holding Corp.	Ownership	100.000	Elevance Health, Inc.	NO	
. 0671	Elevance Health, Inc.		77-0494551		0001156039		UNICARE Specialty Services, Inc.	DE		Anthem Holding Corp.	Ownership	100.000	Elevance Health Inc.		
. 0671	Elevance Health, Inc.		75-2749263		0001156039		ValueOptions of Texas. Inc.	TX	IA	Carelon Behavioral Health. Inc.	Ownership	100.000	Elevance Health, Inc.	NO.	
. 0671	Elevance Health, Inc.		66-0865037		0001156039		VITA CARE. LLC	PR		MSO Holdings, LLC	Ownership	100.000	Elevance Health, Inc.		
. 0671	Elevance Health, Inc.		20-0660563		0001156039		WellMax Health Medical Centers. LLC	FL		Delivery Network, LLC	Ownership	100.000	Elevance Health, Inc.		
. 0671	Elevance Health, Inc.		20-0660644		0001156039		WellMax Health Physicians Network, LLC	FL		Delivery Network, LLC	Ownership	100.000	Elevance Health, Inc.		
. 0671	Elevance Health, Inc.		20-4405193		0001156039		WellPoint Acquisition, LLC	IN		Elevance Health, Inc.	Ownership	100.000	Elevance Health, Inc.		
. 0671	Elevance Health, Inc.		95-4640531		0001156039		WellPoint California Services, Inc.	DE		Anthem Holding Corp.	Owner ship.	100.000	Elevance Health, Inc.		
0671	Elevance Health, Inc.		95-4657170		0001156039		WellPoint Dental Services, Inc.	DE	NI A	UNICARE Specialty Services, Inc.	Ownership.	100.000	Elevance Health, Inc.		
. 0671	Elevance Health, Inc.		47-2546820		0001156039		Wellpoint Federal Corporation	IN		Federal Government Solutions, LLC	Ownership	100.000	Elevance Health, Inc.		
. 0671	Elevance Health, Inc.		81-2874917		0001156039		WellPoint Health Solutions. Inc.	DE		Federal Government Solutions, LLC	Ownership		Elevance Health, Inc.		
. 0671	Elevance Health, Inc.		20-3620996		0001156039		WellPoint Holding Corp	DE		Elevance Health. Inc.	Ownership.		Elevance Health, Inc.	NO	
. 0071	Lievance reartif, me		20 0020000		0001100000		WellPoint Information Technology Services,	DL		Licvando neartii, iiid.	Office Strip.	100.000	Lievance neartii, me.	١٧٥	
. 0671	Elevance Health, Inc.		45-2736438		0001156039		Inc.	CA	NI A	Blue Cross of California	Ownership	100.000	Elevance Health, Inc.	NO	l
. 0671	Elevance Health, Inc.		36-4595641		0001156039		WellPoint Insurance Services, Inc	HI		Elevance Health, Inc.	Ownership		Elevance Health, Inc.		l
. 0671	Elevance Health, Inc.		51-0387398		0001156039		Wellpoint Maryland, Inc.	MD		AMERIGROUP Corporation	Ownership		Elevance Health, Inc.		
. 0671	Elevance Health, Inc.		92-3489706		0001156039		Wellpoint South Carolina. Inc.	SC		Anthem Partnership Holding Company, LLC	Ownership		Elevance Health, Inc.		
. 0671	Elevance Health, Inc.		75-2603231		0001156039		Wellpoint Texas, Inc.	TX		AMERIGROUP Corporation	Ownership		Elevance Health, Inc.		
	Elevance Health, Inc.		47-5569628		0001156039		Wisconsin Collaborative Insurance Company	WI		Crossroads Acquisition Corp.	Ownership		Elevance Health, Inc.	NO.	
		10020	0000020				sorraborativo modianos company			or occionate modulo (croi) our p.		100.000			
	l .	1	1	1		1	1		1	l .	I .	1	l .		

Asterisk	Explanation
0100	. Insurer is deemed to be an insurance affiliate in column 10 and has an NAIC Company Code in column 3. However, it does not file an NAIC statutory statement because it is regulated by the New York State Department of Health.
	. Insurer is deemed to be an insurance affiliate in column 10, but does not have an NAIC Company Code in column 3 because it is regulated by the California Department of Managed Health Care.
0102	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.
	. Owned 77% by Centros Medicos Unidos del Oeste, LLC, 13% by Asociacion de Medicos del Oeste, Inc. (a non-affiliate) and 10% by Doctores Asociados del Noroeste, Inc. (a non-affiliate).
0104	. 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).
0105	. AMH Health, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% by MaineHealth, a non-affiliate.
0106	. 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.
0107	. 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.
0108	. Owned 50% by Centro Medicina Familiar del Norte, LLC and 50% by ACO del Norte, LLC, a non-affiliated entity.
0109	. 83.33% owned by unaffiliated investors
0110	. 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.
	TriaDD NY , LLC dba MyCompass (NY) is owned 25% by Alliance Care Management, LLC and 75% by non-affiliates.
0112	. 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.
	. 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.
0114	. Government Healthcare Solutions LLC. is a joint venture 49% owned by National Government Services, Inc. and 51% owned by MKS2 LLC (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
2.	AUGUST FILING  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.	YES
1.	Explanation:	
1.	Bar Code:  Medicare Part D Coverage Supplement [Document Identifier 365]	

#### **OVERFLOW PAGE FOR WRITE-INS**

# NONE

#### **SCHEDULE A - VERIFICATION**

Real Estate

		1	2
			Prior Year Ended
		Year to Date	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 rying a		
7.	Deduct current year's other than temporary impailment reducilized		
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)		

#### **SCHEDULE B - VERIFICATION**

Mortgage Loans

	Mongage Loans	1	2
		'	Prior Year Ended
		Year to Date	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 in lest parallel smitmer less less less less less less less le		
9.	Total foreign exchange change in book value/recased invessment excess accrued sterest seems to the control of t		
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)		

#### **SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	Other Long-Term invested Assets		
	-	1	2
			Prior Year Ended
		Year to Date	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 and depreciation		
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)		

#### **SCHEDULE D - VERIFICATION**

Bonds and Stocks

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	22,871,371	20,068,838
2.	Cost of bonds and stocks acquired		
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)	0	
5.	Total gain (loss) on disposals	17,855	(1,597,827)
6.	Deduct consideration for bonds and stocks disposed of	1,638,031	18,245,076
7.	Deduct amortization of premium	10,497	384,222
8.	Total foreign exchange change in book/adjusted carrying value	0	
9.	Deduct current year's other than temporary impairment recognized		
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)	25,389,140	22,871,371
12.	Deduct total nonadmitted amounts	0	
13.	Statement value at end of current period (Line 11 minus Line 12)	25,389,140	22,871,371

#### **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

Duning ti	ne Current Quarter to		3	Designation  4	5	6	7	8
	Book/Adjusted	2	3	7	Book/Adjusted	Book/Adjusted	Book/Adjusted	Book/Adjusted
	Carrying Value	Acquisitions	Dispositions	Non-Trading Activity	Carrying Value	Carrying Value	Carrying Value	Carrying Value
	Beginning	During	During	During	End of	End of	End of	December 31
NAIC Designation	of Current Quarter	Current Quarter	Current Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year
BONDS								
1. NAIC 1 (a)	19,391,104	771,756	873,578	78,794	19,391,104	19,368,076	0	17,441,740
2. NAIC 2 (a)	5,866,981	324,380	191,344	21,047	5,866,981	6,021,064	0	5,429,631
3. NAIC 3 (a)		0	0	0	0	0	0	
4. NAIC 4 (a)	0	0	0	0	0	0	0	
5. NAIC 5 (a)	0	0	0	0	0	0	0	
6. NAIC 6 (a)	. 0	0	0	0	0	0	0	
7. Total Bonds	25,258,085	1,096,136	1,064,922	99,841	25,258,085	25,389,140	0	22,871,371
PREFERRED STOCK								
8. NAIC 1			0		0	0	0	0
9. NAIC 2					0		0	0
10. NAIC 3							0	0
	0	0	0	0	0	0	0	0
11. NAIC 4				1		_	_	
11. NAIC 4	0	0	0	0	0	0	0	0
		0	0		0	0	0	0
12. NAIC 5	0	0 0 0		0		0 0	0 0	0 0 0

(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:

Schedule DA - Part 1 - Short-Term Investments

#### NONE

Schedule DA - Verification - Short-Term Investments

#### NONE

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

NONE

Schedule DB - Part B - Verification - Futures Contracts

#### NONE

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

#### NONE

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

#### NONE

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

#### NONE

Schedule E - Part 2 - Verification - Cash Equivalents

#### NONE

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**

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	1	5	6	7	8	۵	10
'	2	3	7	3	O	'	U	9	NAIC
									Designation,
									NAIC
									Designation
									Modifier
									and
									SVO
					Number of			Paid for Accrued	Admini-
CUSIP			Date		Shares of			Interest and	strative
Identification	Description	Foreign	Acquired	Name of Vendor	Stock	Actual Cost	Par Value	Dividends	Symbol
	AT&T INC 5.400% 02/15/34	1 Oroigii		BNP Paribas Securities	Otook	99.671	100.000		2.B FE
	BANK OF NY MELLON CORP 4.947% 04/26/27			Goldman Sachs & Co			125,000		1.E FE
12569U-AA-9	CIM TRUST SERIES 2023-R4 CLASS A1 144A 5.000% 05/25/62			CITIGROUP GBL MKTS			125.000	573	1.A FE
12595X-AS-2	CSAIL COMMERCIAL MORTGAGE TR SERIES 2018-CX12 CLASS A3 3.959% 08/15/51		04/04/2023	WELLS FARGO SECURITIES		71,338	75,000	41	1.A FE
16411Q-AP-6	CHENIERE ENERGY PARTNERS SERIES 144A 5.950% 06/30/33		06/06/2023	Morgan Stanley			100,000	0	2.C FE
233331-BJ-5	DTE ENERGY CO 4.875% 06/01/28		05/08/2023	WELLS FARGO SECURITIES			125,000	0	2.B FE
32113C-BV-1	FIRST NATIONAL MASTER NOTE TRU SERIES 2023-1 CLASS A 5.150% 04/16/29			WELLS FARGO SECURITIES			125,000	0	1.A FE
33767J-AA-0	FIRSTKEY HOMES 2020 SFR1 TRUST SERIES 2020-SFR2 CLASS A 144A 1.266% 10/19/37			Morgan Stanley			147,824		1.A FE
	GS MORTGAGE SECURITIES TRUST SERIES 2017-GS8 CLASS A4 3.469% 11/10/50			Goldman Sachs & Co		92,895	100,000	164	1.A
	GM FINANCIAL REVOLVING RECEIV SERIES 2023-1 CLASS A 144A 5.120% 04/11/35		05/23/2023	CITIGROUP GBL MKTS			100,000	0	1.A FE
1109999999. S	ubtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					1,096,136	1,122,824	778	
2509999997. To	otal - Bonds - Part 3					1,096,136	1,122,824	778	
2509999998. To	otal - Bonds - Part 5					XXX	XXX	XXX	XXX
2509999999. To	otal - Bonds					1,096,136	1,122,824	778	XXX
4509999997. To	otal - Preferred Stocks - Part 3					0	XXX	0	XXX
450999998. To	otal - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX
4509999999. To	otal - Preferred Stocks					0	XXX	0	XXX
598999997. To	otal - Common Stocks - Part 3					0	XXX	0	XXX
5989999998. To	otal - Common Stocks - Part 5					XXX	XXX	XXX	XXX
5989999999999999. To	otal - Common Stocks		0	XXX	0	XXX			
5999999999999999. To	otal - Preferred and Common Stocks	-				0	XXX	0	XXX
6009999999 - T	otals					1,096,136	XXX	778	XXX

#### **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	10				Carrying Value	16	17	18	19	20	21	22
·	_			ŭ	·		· ·	. •	11	12	13	14 15	- "			.0			NAIC
																			Desig-
																			nation,
																			NAIC
												Total Total							Desig-
											Current	Change in Foreign					Bond		nation
											Year's	Book/ Exchange	Book/				Interest/		Modifier
								Prior Year		Current	Other Than			Foreign			Stock	Stated	and
								Book/	Unrealized			Carrying Book	Carrying	Exchange	Realized		Dividends	Con-	SVO
CUSIP				Number of				Adjusted	-		Temporary	- , ,	, ,	5	Gain	Total Gain			Admini-
Ident-		For- Disposal	Name	Shares of	Consid-		Actual		Valuation	(Amor-	Impairment			Gain	-		Received During	tractual Maturity	strative
ification	Description		of Purchaser	Stock		Par Value	Cost	Carrying Value	Increase/	tization)/	Recog-	(11 + 12 - Carrying	Disposal Date	(Loss) on Disposal	(Loss) on	(Loss) on	Year	,	
		3	+	Slock	eration		_		(Decrease)		nized	13) Value		Disposai	Disposal	Disposal		Date	Symbol
	US TREASURY N B 1.125% 08/31/28	05/23/2023 .	Various		506,324	575,000 .	495,803	496,816	0	4,291	0	4,2910	501, 107	0	5,218	5,218	4,412	. 08/31/2028 .	. 1.A
	US TREASURY N B 2.875% 05/15/32	06/06/2023 .	Morgan Stanley		93,617	100,000	96 , 168	0	0	138	0		96,306	0	(2,688)	(2,688)	1,625	. 05/15/2032 .	. 1.A
010999999	99. Subtotal - Bonds - U.S. Governme	nts	1		599,941	675,000	591,971	496,816	0	4,429	0	4,429 0	597,413	0	2,530	2,530	6,037	XXX	XXX
072024-WS-7	BAY AREA CA TOLL AUTH TOLL BRI SERIES F 1 2.574% 04/01/31	05/02/2023 .	Call 91.7240		91,724	100,000	84,000	84.411	_	708	_	708	85.119	_	6.605	6.605	1,509	. 04/01/2031 .	. 1.C FE
0/2024-WS-/ 3128MJ-2C-3	FHLMC POOL G08770 3.500% 07/01/47	05/02/2023 .				5.973		5.302		671			5.973		0,005		1,509	. 04/01/2031 . . 07/01/2047 .	1.6 FE
3128MJ-2C-3 3128MJ-ZF-0	FHLMC GOLD POOL G08741 3.000% 01/01/47	06/01/2023 .	Paydown	•	5,9/3		5,293	5,302		6/1	0					0	86	. 07/01/2047 . . 01/01/2047 .	1.A
3128MJ-ZF-0 3132DM-VD-4	FHLMC GOLD POOL G08/41 3.000% 01/01/4/ FHLMC POOL SD0612 2.500% 11/01/50	06/01/2023 .	Paydown	•	6,221	6,221 . 6,214 .	. ,	5,400		821	0		6,221	0		0	//	. 01/01/2047 . . 11/01/2050 .	. 1.A
			,	•	,	'	5,110		l							0			
	FHLMC POOL SD1497 3.000% 04/01/43	06/01/2023 .	Paydown		5,646	5,646	5,007	5,012	0	633	0			0	0	0	69	. 04/01/2043 .	. 1.A
3132DV-MC-6	FHLMC POOL SD7555 3.000% 08/01/52 FHLMC MULTIFAMILY STRUCTURED P SERIES K066	06/01/2023 .	Paydown	• • • • • • • • • • • • • • • • • • • •	2,997	2,997	2,574	2,577		420	0	4200	2,997	0		0	38	. 08/01/2052 .	. I.A
3137F2-LJ-3	CLASS A2 3.117% 06/25/27	06/15/2023 .	Cantor Fitzgerald & Co		119.116	125.000	117 .676	117.857	0	711	0	7110	118.568	0	548	548	2. 165	. 06/25/2027 .	1 A
	FNMA POOL CA8868 3.000% 02/01/51	06/01/2023 .	Pavdown		2.990	2.990	2,554		0	433	0	4330		0	0	0	37	. 02/01/2051 .	1 4
	FNMA POOL FM3003 4.000% 05/01/49	06/01/2023 .	Paydown		7,979	7,979	7,377	7,382	0		0		7,979	0	0	0	133	. 05/01/2049 .	1 4
0140/0 1011	SAN DIEGO CA HSG AUTH ME HSG R SERIES F		Redemption 100.0000		, , 57 5													. 03/01/2043 .	1
79728F-JA-0	4.950% 11/01/34	05/01/2023 .			15,000	15,000	15,000	15,000	0	0	0	00	15,000	0	0	0	371	. 11/01/2034 .	. 1.B FE
0909999999. Subtotal - Bonds - U.S. Special Revenues				263.860	278.020	249.982	250.616	0	6.089	0	6.089 0	256.707	0	7.153	7.153	4.551	XXX	XXX	
	CIM TRUST SERIES 2023-R4 CLASS A1 144A					,	,,,,			-,	_	-,			,,,,,,	.,	.,		1
12569U-AA-9	5.000% 05/25/62	06/01/2023 .	Paydown		2,447	2,447	2,413	0	0	34	0		2,447	0	0	0	18	. 05/25/2062 .	. 1.A FE
	COMM MORTGAGE TRUST SERIES 2014-CR21 CLASS A3																		
12592R-BF-5	3.528% 12/10/47	06/01/2023 .	Paydown		1, 159	1,159	1,108	1,112	0	47	0	0		0	0	0	20	. 12/10/2047 .	. 1.A
4000F0 PD 4	0/0 (0/075/40// 0000 0 0000/ 40 /40 /00	00 (40 (0000	Redemption 100.0000		44.050	44.050	44 000	44.000					44 000		(4)	(4)	200	10 (10 (0000	
126650-BP-4	CVS/CAREMARK CORP 6.036% 12/10/28	06/10/2023 .			11,359	11,359	11,360	11,360	0	0	0	0	11,360	0	(1)	(1)	286	. 12/10/2028 .	. 2.B FE
33767J-AA-0	SFR2 CLASS A 144A 1.266% 10/19/37	06/01/2023 .	Paydown		51	51	47	0	0	5	0	5 0	51	0	0	0	0	. 10/19/2037 .	. 1.A FE
	HOME PARTNERS OF AMERICA TRUST SERIES 2021-2		T dydomi															. 10/ 10/ 2007 .	1
43732V-AT-3	CLASS A 144A 1.901% 12/17/26	06/01/2023 .	Paydown		2,541	2,541			0	369	0		2,541	0	0	0	17	. 12/17/2026 .	. 1.A FE
	IMPERIAL FUND LLC SERIES 2022-NQM3 CLASS A1		L .					_	_					_	_	_			1
452/6K-AA-5	144A 4.380% 05/25/67	06/01/2023 .	Paydown		3,960	3,960	3,775	0	J0	186	0	186	3,960	J0	0	0	48	. 05/25/2067 .	. 1.A FE
63941M-AB-7	NAVIENT STUDENT LOAN TRUST SERIES 2019-EA CLASS A2A 144A 2.640% 05/15/68	06/15/2023 .	Pavdown		9.300	9,300		8.716	_	584	0	584	9.300	_	0	n	101	. 05/15/2068 .	. 1.A FE
0394 1111-10-7	LUNDIN ENERGY F1 SERIES 144A 2.000%	00/ 13/ 2023 .	rayuowii														101	. 03/ 13/ 2006 .	1.712
55037A-AA-6	07/15/26	D 06/23/2023 .	Call 90.1400		180,280	200,000 .	176,642	177, 148	0	2,836	0	2,8360	179,984	0	296	296	3,756	. 07/15/2026 .	. 2.B FE
110999999	99. Subtotal - Bonds - Industrial and M	liscellaneous (Un	affiliated)		211.097	230.817	206 . 183	200.508	0	4.061	0	4.061 0	210.802	0	295	295	4,246	XXX	XXX
250999999	97. Total - Bonds - Part 4	,	,		1.074.898	1.183.837	1.048.136	947.940	0	14.579	0	14.579 0	1,064,922	0	9.978	9.978	14.834	XXX	XXX
	98. Total - Bonds - Part 5				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	99. Total - Bonds				1.074.898	1.183.837	1.048.136	947.940	0	14.579	0		1.064.922	0		9,978	14,834	XXX	XXX
	97. Total - Preferred Stocks - Part 4				.,,	XXX	0	0 0	0	0	0	0 0	0	0	- 7 -	0,070	0	XXX	XXX
	98. Total - Preferred Stocks - Part 5				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	99. Total - Preferred Stocks				0	XXX	0	7///	7000	0	7///		7000	0		7000	7,000	XXX	XXX
	97. Total - Common Stocks - Part 4				0	XXX	0	0	0	0	Ů	0 0	0	0		0	0	XXX	XXX
					XXX				, and the second								, and the second		
	98. Total - Common Stocks - Part 5				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	99. Total - Common Stocks				0	XXX	0	0	0	0	·	0 0	0	0		0	0	XXX	XXX
	99. Total - Preferred and Common Sto	OCKS			0	XXX	0	0	0	0			0	0		0	0	XXX	XXX
600999999	99 - Totals				1.074.898	XXX	1.048.136	947.940	0	14.579	0	14.579 0	1.064.922	0	9.978	9.978	14.834	XXX	XXX

### Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open NONE

Schedule DB - Part B - Section 1 - Futures Contracts Open NONE

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made **NONE** 

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open NONE

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 NONE

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

NONE

Schedule DL - Part 1 - Reinvested Collateral Assets Owned NONE

Schedule DL - Part 2 - Reinvested Collateral Assets Owned NONE

### SCHEDULE E - PART 1 - CASH Month End Depository Balances

	2		End Depository					9	
1		3	4	5	Book Balance at End of Each Month				
					During Current Quarter				
			Amount of	Amount of	6	7	8		
			Interest Received	Interest Accrued					
		Rate of	J -	at Current					
Depository	Code	Interest	Quarter	Statement Date	First Month	Second Month	Third Month	*	
101 S. Tryon Street, 19th									
Floor, Charlotte, NC 28255									
Bank of America		0.000	0	0	228,881	149 , 134	37,917	XXX.	
4 New York Plaza, 13th									
JP Morgan Chase Floor, New York, NY 10004 .		0.000	0	0	20,732,757	20,788,290	21,069,344	xxx.	
0199998. Deposits in depositories that do not									
exceed the allowable limit in any one depository (See									
instructions) - Open Depositories		XXX						XXX	
0199999. Totals - Open Depositories		XXX	0	0	20,961,638	20,937,424	21,107,261	XXX	
0299998. Deposits in depositories that do not									
exceed the allowable limit in any one depository (See	xxx								
instructions) - Suspended Depositories		XXX						XXX	
0299999. Totals - Suspended Depositories		XXX	0	0	0	0	0	XXX	
0399999. Total Cash on Deposit		XXX	0	0	20,961,638	20,937,424	21,107,261	XXX	
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX	
0500000 T-t-I OI-			0	0	20 061 620	20 027 424	21 107 201		
0599999. Total - Cash	XXX	XXX	U	U	20,961,638	20,937,424	21,107,261	XXX	

## Schedule E - Part 2 - Cash Equivalents - Investments Owned End of Current Quarter NONE