



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2025
OF THE CONDITION AND AFFAIRS OF THE
Anthem HealthChoice HMO, Inc.

NAIC Group Code	0671 (Current)	0671 (Prior)	NAIC Company Code	95433	Employer's ID Number	13-3874803
Organized under the Laws of	New York			State of Domicile or Port of Entry	NY	
Country of Domicile	United States of America					
Licensed as business type:	Health Maintenance Organization					
Is HMO Federally Qualified?	Yes [] No [X]					
Incorporated/Organized	03/05/1996			Commenced Business	03/19/1996	
Statutory Home Office	1 Penn Plz, 35th Floor (Street and Number)			New York, NY, US 10119 (City or Town, State, Country and Zip Code)		
Main Administrative Office	1 Penn Plz, 35th Floor (Street and Number)			New York, NY, US 10119 (City or Town, State, Country and Zip Code)		
	212-563-5570 (Area Code) (Telephone Number)					
Mail Address	1 Penn Plz, 35th Floor (Street and Number or P.O. Box)			New York, NY, US 10119 (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	220 Virginia Avenue (Street and Number)			Indianapolis, IN, US 46204 (City or Town, State, Country and Zip Code)		
	800-331-1476 (Area Code) (Telephone Number)					
Internet Website Address	www.elevancehealth.com					
Statutory Statement Contact	Leigh Barrett (Name)			317-432-6988 (Area Code) (Telephone Number)		
	leigh.barrett@elevancehealth.com (E-mail Address)			317-488-6200 (FAX Number)		

OFFICERS

President, Chairperson and Chief Executive Officer	Victor John DeStefano	Treasurer	Eric (Rick) Kenneth Noble
Secretary	Jay Harry Wagner	Assistant Secretary	Patrick James O'Keeffe

OTHER

Vincent Edward Scher, Assistant Treasurer		
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DIRECTORS OR TRUSTEES

Victor John DeStefano	Lois Susan Freedman	Patrick James O'Keeffe
Rhonda Michelle Clark #		

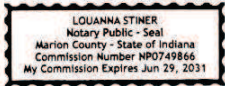
State of	Indiana	SS
County of	Marion	

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

Signed by:	DocuSigned by:	DocuSigned by:
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Victor John DeStefano	Jay Harry Wagner	Eric (Rick) Kenneth Noble
President, Chairperson and Chief Executive Officer	Secretary	Treasurer

Subscribed and sworn to before me this
17th day of February 2026

Louanna Stiner
Executive Admin Assistant
06/29/31



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

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D)	244,801,428		244,801,428	235,690,069
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens.....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$			0	0
encumbrances)				
4.2 Properties held for the production of income (less				
\$ encumbrances)			0	0
4.3 Properties held for sale (less \$				
encumbrances)			0	0
5. Cash (\$2,933,105 , Schedule E - Part 1), cash equivalents				
(\$0 , Schedule E - Part 2) and short-term				
investments (\$, Schedule DA)	2,933,105		2,933,105	116,516,288
6. Contract loans, (including \$ premium notes)			0	0
7. Derivatives (Schedule DB)			0	0
8. Other invested assets (Schedule BA)			0	0
9. Receivables for securities	15,000		15,000	0
10. Securities lending reinvested collateral assets (Schedule DL)	10,225,220		10,225,220	9,057,553
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	257,974,753	0	257,974,753	361,263,910
13. Title plants less \$ charged off (for Title insurers				
only)			0	0
14. Investment income due and accrued	2,442,455		2,442,455	2,384,782
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	4,805,077	1,492,929	3,312,148	2,517,850
15.2 Deferred premiums, agents' balances and installments booked but				
deferred and not yet due (including \$				
earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$363,635) and				
contracts subject to redetermination (\$)	363,635		363,635	21,852,478
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans	5,302,769	27,964	5,274,805	2,837,019
18.1 Current federal and foreign income tax recoverable and interest thereon	4,824,756		4,824,756	0
18.2 Net deferred tax asset	3,364,746		3,364,746	7,639,791
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets				
(\$)	446,892	446,892	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care (\$ 674,620) and other amounts receivable	28,979,275	28,304,655	674,620	4,653,239
25. Aggregate write-ins for other-than-invested assets	1,633,300	100,203	1,533,097	2,643,964
26. Total assets excluding Separate Accounts, Segregated Accounts and				
Protected Cell Accounts (Lines 12 to 25)	310,137,658	30,372,643	279,765,015	405,793,033
27. From Separate Accounts, Segregated Accounts and Protected Cell				
Accounts			0	0
28. Total (Lines 26 and 27)	310,137,658	30,372,643	279,765,015	405,793,033
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Medicare receivables	866,418		866,418	0
2502. Miscellaneous receivables	358,661	6,019	352,642	53,335
2503. Prepaid expenses	274,627	68,905	205,722	2,300,485
2598. Summary of remaining write-ins for Line 25 from overflow page	133,594	25,279	108,315	290,144
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	1,633,300	100,203	1,533,097	2,643,964

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$0 reinsurance ceded)	9,710,224		9,710,224	66,922,159
2. Accrued medical incentive pool and bonus amounts	4,934,695		4,934,695	41,534,115
3. Unpaid claims adjustment expenses.....	142,578		142,578	1,643,381
4. Aggregate health policy reserves, including the liability of \$ 911,769 for medical loss ratio rebate per the Public Health Service Act	1,976,081		1,976,081	1,651,242
5. Aggregate life policy reserves.....			0	0
6. Property/casualty unearned premium reserves.....			0	0
7. Aggregate health claim reserves.....			0	0
8. Premiums received in advance.....	272		272	75,115
9. General expenses due or accrued.....	517,076		517,076	3,581,509
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			0	1,330,650
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable.....			0	0
12. Amounts withheld or retained for the account of others.....	1,902,345		1,902,345	1,675,409
13. Remittances and items not allocated.....	1,285,256		1,285,256	1,777,767
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current).....			0	0
15. Amounts due to parent, subsidiaries and affiliates.....	50,185,532		50,185,532	74,986,924
16. Derivatives.....			0	0
17. Payable for securities.....			0	0
18. Payable for securities lending	10,225,220		10,225,220	9,057,553
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$0 unauthorized reinsurers and \$0 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.....	1,081,484		1,081,484	485,907
23. Aggregate write-ins for other liabilities (including \$ 2,536,960 current).....	2,571,801	0	2,571,801	12,393,541
24. Total liabilities (Lines 1 to 23).....	84,532,564	0	84,532,564	217,115,272
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	0
26. Common capital stock.....	XXX	XXX	2	2
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	101,999,998	101,999,998
29. Surplus notes.....	XXX	XXX	0	
30. Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX	2,007,625	68,845,755
31. Unassigned funds (surplus).....	XXX	XXX	91,224,826	17,832,006
32. Less treasury stock, at cost: 32.1 shares common (value included in Line 26 \$).....	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	195,232,451	188,677,761
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	279,765,015	405,793,033
DETAILS OF WRITE-INS				
2301. Miscellaneous liability	1,537,698		1,537,698	
2302. Miscellaneous Medicare liabilities	931,576		931,576	12,118,782
2303. Escheat liability	102,527		102,527	274,759
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	2,571,801	0	2,571,801	12,393,541
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
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. Required reserves	XXX	XXX	2,007,625	68,845,755
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	2,007,625	68,845,755

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	XXX	84,828	457,895
2. Net premium income (including \$ non-health premium income)	XXX	16,152,938	550,766,040
3. Change in unearned premium reserves and reserve for rate credits	XXX	(1,599,608)	3,453,781
4. Fee-for-service (net of \$ medical expenses)	XXX	0	
5. Risk revenue	XXX	0	
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	14,553,330	554,219,821
Hospital and Medical:			
9. Hospital/medical benefits		3,466,247	351,276,676
10. Other professional services		259,309	27,633,348
11. Outside referrals		(110,525)	19,531,463
12. Emergency room and out-of-area		1,084,309	21,827,205
13. Prescription drugs		(602,920)	33,915,295
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		7,637,259	8,201,872
16. Subtotal (Lines 9 to 15)	0	11,733,679	462,385,859
Less:			
17. Net reinsurance recoveries		0	
18. Total hospital and medical (Lines 16 minus 17)	0	11,733,679	462,385,859
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$ 2,267,957 cost containment expenses		1,616,518	16,619,560
21. General administrative expenses		(166,767)	32,573,646
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		0	0
23. Total underwriting deductions (Lines 18 through 22).....	0	13,183,430	511,579,065
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	1,369,900	42,640,756
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		11,508,295	10,864,583
26. Net realized capital gains (losses) less capital gains tax of \$ (122,116)		(876,652)	(1,111,338)
27. Net investment gains (losses) (Lines 25 plus 26)	0	10,631,643	9,753,245
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$ (220,511))]		(220,511)	(470,040)
29. Aggregate write-ins for other income or expenses	0	47,546	(15,081)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	11,828,578	51,908,880
31. Federal and foreign income taxes incurred	XXX	(261,885)	11,078,918
32. Net income (loss) (Lines 30 minus 31)	XXX	12,090,463	40,829,962
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0
2901. Miscellaneous (expense) income		47,546	(15,081)
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	47,546	(15,081)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	188,677,761	113,652,213
34. Net income or (loss) from Line 32	12,090,463	40,829,962
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ 278	1,044	1,440
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax	(4,274,767)	2,800,789
39. Change in nonadmitted assets	(1,262,050)	31,393,357
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles.....		
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (stock dividend).....	0	0
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in	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
48. Net change in capital and surplus (Lines 34 to 47)	6,554,690	75,025,548
49. Capital and surplus end of reporting period (Line 33 plus 48)	195,232,451	188,677,761
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

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	35,176,281	558,193,532
2. Net investment income	11,459,696	11,610,198
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	46,635,977	569,803,730
5. Benefit and loss related payments	103,025,570	443,929,090
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	7,786,825	48,910,933
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ (122,116) tax on capital gains (losses)	5,771,405	10,994,868
10. Total (Lines 5 through 9)	116,583,800	503,834,891
11. Net cash from operations (Line 4 minus Line 10)	(69,947,823)	65,968,839
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	43,626,322	62,416,501
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	43,626,322	62,416,501
13. Cost of investments acquired (long-term only exclude cash equivalents and short-term investments):		
13.1 Bonds	53,784,956	60,220,916
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	1,182,667	4,521,068
13.7 Total investments acquired (Lines 13.1 to 13.6)	54,967,623	64,741,984
14. Net increase/(decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(11,341,301)	(2,325,483)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	(32,294,059)	47,450,186
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(32,294,059)	47,450,186
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)	(113,583,183)	111,093,542
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	116,516,288	5,422,746
19.2 End of year (Line 18 plus Line 19.1)	2,933,105	116,516,288

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Anthem HealthChoice HMO, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	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
1. Net premium income	16,152,938	40,004	13,957,016					2,155,918						
2. Change in unearned premium reserves and reserve for rate credit	(1,599,608)		(911,769)					(687,839)						
3. Fee-for-service (net of \$	0													XXX.
medical expenses)	0													XXX.
4. Risk revenue	0													
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
6. Aggregate write-ins for other non-health care related revenues	0	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	0
7. Total revenues (Lines 1 to 6)	14,553,330	40,004	13,045,247	0	0	0	0	1,468,079	0	0	0	0	0	0
8. Hospital/medical benefits	3,466,247	657,469	6,272,739					(3,798,727)					334,766	XXX.
9. Other professional services	259,309		583,187					(323,878)						XXX.
10. Outside referrals	(110,525)		17,743					(128,268)						XXX.
11. Emergency room and out-of-area	1,084,309		1,350,832					(266,523)						XXX.
12. Prescription drugs	(602,920)		(295,707)					(260,686)					(46,527)	XXX.
13. Aggregate write-ins for other hospital and medical Incentive pool, withhold adjustments and bonus amounts	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
14. Incentive pool, withhold adjustments and bonus amounts	7,637,259	76,555	145,858					7,409,235					5,611	XXX.
15. Subtotal (Lines 8 to 14)	11,733,679	734,024	8,074,652	0	0	0	0	2,631,153	0	0	0	0	293,850	XXX.
16. Net reinsurance recoveries	0													XXX.
17. Total medical and hospital (Lines 15 minus 16).....	11,733,679	734,024	8,074,652	0	0	0	0	2,631,153	0	0	0	0	293,850	XXX.
18. Non-health claims (net)	0	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	
19. Claims adjustment expenses including \$	2,267,957	77,321	519,481					1,019,716						
cost containment expenses	1,616,518	77,321	519,481					1,019,716						
20. General administrative expenses	(166,767)	29,731	1,553,204					392,098					(2,141,800)	
21. Increase in reserves for accident and health contracts	0													XXX.
22. Increase in reserves for life contracts	0	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	
23. Total underwriting deductions (Lines 17 to 22)	13,183,430	841,076	10,147,337	0	0	0	0	4,042,967	0	0	0	0	(1,847,950)	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	1,369,900	(801,072)	2,897,910	0	0	0	0	(2,574,888)	0	0	0	0	1,847,950	0
DETAILS OF WRITE-INS														
0501.														XXX.
0502.														XXX.
0503.														XXX.
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	
0602.		XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	
0603.		XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.														XXX.
1302.														XXX.
1303.														XXX.
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) individual	40,004			40,004
2. Comprehensive (hospital and medical) group	13,957,016			13,957,016
3. Medicare supplement				0
4. Vision only				0
5. Dental only				0
6. Federal employees health benefits plan	0			0
7. Title XVIII - Medicare	2,155,918			2,155,918
8. Title XIX - Medicaid	0			0
9. Credit A&H				0
10. Disability income				0
11. Long-term care				0
12. Other health				0
13. Health subtotal (Lines 1 through 12)	16,152,938	0	0	16,152,938
14. Life	0			0
15. Property/casualty	0			0
16. Totals (Lines 13 to 15)	16,152,938	0	0	16,152,938

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	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
1. Payments during the year:														
1.1 Direct	58,788,891	580,397	7,878,164					50,063,173					267,157	
1.2 Reinsurance assumed	0													
1.3 Reinsurance ceded	0													
1.4 Net	58,788,891	580,397	7,878,164	0	0	0	0	50,063,173	0	0	0	0	267,157	0
2. Paid medical incentive pools and bonuses	44,236,679	76,250	138,275					43,994,161					27,993	
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	9,710,224	271,119	1,251,277	0	0	0	0	8,199,422	0	0	0	0	(11,594)	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net	9,710,224	271,119	1,251,277	0	0	0	0	8,199,422	0	0	0	0	(11,594)	0
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct	0													
4.2 Reinsurance assumed	0													
4.3 Reinsurance ceded	0													
4.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	4,934,695	(89)	25,507					4,887,201					22,076	
6. Net health care receivables (a)	(2,519,464)	(77,122)	(90,986)					(2,313,691)					(37,665)	
7. Amounts recoverable from reinsurers December 31, current year	0													
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	66,922,159	271,169	1,291,633	0	0	0	0	65,354,368	0	0	0	0	4,989	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.4 Net	66,922,159	271,169	1,291,633	0	0	0	0	65,354,368	0	0	0	0	4,989	0
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct	0													
9.2 Reinsurance assumed	0													
9.3 Reinsurance ceded	0													
9.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	41,534,115	(394)	17,924					41,472,127					44,458	
11. Amounts recoverable from reinsurers December 31, prior year	0													
12. Incurred Benefits:														
12.1 Direct	4,096,420	657,469	7,928,794	0	0	0	0	(4,778,082)	0	0	0	0	288,239	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.4 Net	4,096,420	657,469	7,928,794	0	0	0	0	(4,778,082)	0	0	0	0	288,239	0
13. Incurred medical incentive pools and bonuses	7,637,259	76,555	145,858	0	0	0	0	7,409,235	0	0	0	0	5,611	0

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	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
1. Reported in Process of Adjustment:														
1.1 Direct	6,588,392	271,119	519,238	0	0	0	0	5,809,629	0	0	0	0	(11,594)	
1.2 Reinsurance assumed	0													
1.3 Reinsurance ceded	0													
1.4 Net	6,588,392	271,119	519,238	0	0	0	0	5,809,629	0	0	0	0	(11,594)	0
2. Incurred but Unreported:														
2.1 Direct	3,121,832		732,039					2,389,793						
2.2 Reinsurance assumed	0													
2.3 Reinsurance ceded	0													
2.4 Net	3,121,832	0	732,039	0	0	0	0	2,389,793	0	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct	0													
3.2 Reinsurance assumed	0													
3.3 Reinsurance ceded	0													
3.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. TOTALS:														
4.1 Direct	9,710,224	271,119	1,251,277	0	0	0	0	8,199,422	0	0	0	0	(11,594)	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	9,710,224	271,119	1,251,277	0	0	0	0	8,199,422	0	0	0	0	(11,594)	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 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
1. Comprehensive (hospital and medical) individual	580,397	0	271,119		851,516	271,169
2. Comprehensive (hospital and medical) group	478,179	7,399,985	83,578	1,167,699	561,757	1,291,633
3. Medicare supplement					0	0
4. Vision only					0	0
5. Dental only					0	0
6. Federal employees health benefits plan					0	0
7. Title XVIII - Medicare	50,063,173	0	8,199,422		58,262,595	65,354,368
8. Title XIX - Medicaid			0		0	0
9. Credit A&H					0	0
10. Disability income					0	0
11. Long-term care					0	0
12. Other health	(34,090)	301,247		(11,594)	(34,090)	4,989
13. Health subtotal (Lines 1 to 12)	51,087,659	7,701,232	8,554,119	1,156,105	59,641,778	66,922,159
14. Health care receivables (a)	28,878,477	100,798			28,878,477	31,498,739
15. Other non-health					0	0
16. Medical incentive pools and bonus amounts	44,144,451	92,228	4,927,834	6,861	49,072,285	41,534,115
17. Totals (Lines 13 - 14 + 15 + 16)	66,353,633	7,692,662	13,481,953	1,162,966	79,835,586	76,957,535

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior	1,652	3,617	1,730	321	321
2.	2021	12,263	12,950	13,047	13,051	13,563
3.	2022	XXX	5,662	(6,729)	(6,640)	(6,630)
4.	2023	XXX	XXX	8,468	(31,698)	(31,645)
5.	2024	XXX	XXX	XXX	6,157	6,147
6.	2025	XXX	XXX	XXX	XXX	7,391

Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior	2,664	3,631	2,063	593	321
2.	2021	14,115	13,033	13,057	13,053	13,834
3.	2022	XXX	7,372	(6,686)	(6,628)	(6,629)
4.	2023	XXX	XXX	9,896	(31,653)	(31,629)
5.	2024	XXX	XXX	XXX	7,406	6,216
6.	2025	XXX	XXX	XXX	XXX	8,582

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2021	17,231	13,563	17,247	127.2	30,810	178.8	271	36	31,117	180.6
2.	2022	12,173	(6,630)	12,173	(183.6)	5,543	45.5	1	0	5,544	45.5
3.	2023	13,498	(31,645)	13,499	(42.7)	(18,146)	(134.4)	16	0	(18,130)	(134.3)
4.	2024	16,852	6,147	16,923	275.3	23,070	136.9	69	0	23,139	137.3
5.	2025	13,086	7,391	13,591	183.9	20,982	160.3	1,191	0	22,173	169.4

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Title XVIII

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior	101,565	98,690	101,818	101,473	101,473
2.	2021	638,685	707,271	711,067	711,903	745,613
3.	2022	XXX	536,226	562,996	566,183	568,585
4.	2023	XXX	XXX	456,145	500,097	504,339
5.	2024	XXX	XXX	XXX	400,160	425,762
6.	2025	XXX	XXX	XXX	XXX	0

Section B - Incurred Health Claims - Title XVIII

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior	126,895	126,386	128,893	128,399	101,473
2.	2021	727,923	713,308	721,592	720,207	745,598
3.	2022	XXX	614,109	568,596	566,237	568,684
4.	2023	XXX	XXX	531,507	503,576	504,920
5.	2024	XXX	XXX	XXX	468,224	438,184
6.	2025	XXX	XXX	XXX	XXX	0

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2021	737,982	745,613	737,963	99.0	1,483,576	201.0	(15)	0	1,483,561	201.0
2.	2022	668,388	568,585	668,402	117.6	1,236,987	185.1	99	1	1,237,087	185.1
3.	2023	582,534	504,339	582,612	115.5	1,086,951	186.6	581	7	1,087,539	186.7
4.	2024	537,368	425,762	538,558	126.5	964,320	179.5	12,422	98	976,840	181.8
5.	2025	(14,433)	0	(13,171)	0.0	(13,171)	91.3	0	0	(13,171)	91.3

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Other

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior	0	0	0	0	0
2.	2021	0	0		0	0
3.	2022	XXX	0		0	7
4.	2023	XXX	XXX		0	(5)
5.	2024	XXX	XXX	XXX	(35)	(205)
6.	2025	XXX	XXX	XXX	XXX	302

Section B - Incurred Health Claims - Other

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior	0	0	0	0	0
2.	2021		0		0	0
3.	2022	XXX	0		0	7
4.	2023	XXX	XXX		0	2
5.	2024	XXX	XXX	XXX	14	(174)
6.	2025	XXX	XXX	XXX	XXX	274

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Other

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2021		0	0	0.0	0	0.0	0	0	0	0.0
2. 2022	0	7	0	0.0	7	0.0	0	0	7	0.0
3. 2023	0	(5)	0	0.0	(5)	0.0	7	0	2	0.0
4. 2024		(205)	0	0.0	(205)	0.0	31	0	(174)	0.0
5. 2025		302	0	0.0	302	0.0	(28)	0	274	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior	103,217	102,307	103,548	101,794	101,794
2.	2021	650,948	720,221	724,114	724,954	759,176
3.	2022	XXX	541,888	556,267	559,543	561,962
4.	2023	XXX	XXX	464,613	468,399	472,689
5.	2024	XXX	XXX	XXX	406,282	431,704
6.	2025	XXX	XXX	XXX	XXX	7,693

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior	129,559	130,017	130,956	128,992	101,794
2.	2021	742,038	726,341	734,649	733,260	759,432
3.	2022	XXX	621,481	561,910	559,609	562,062
4.	2023	XXX	XXX	541,403	471,923	473,293
5.	2024	XXX	XXX	XXX	475,644	444,226
6.	2025	XXX	XXX	XXX	XXX	8,856

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2021	755,213	759,176	755,210	99.5	1,514,386	200.5	256	36	1,514,678	200.6
2.	2022	680,561	561,962	680,575	121.1	1,242,537	182.6	100	1	1,242,638	182.6
3.	2023	596,032	472,689	596,111	126.1	1,068,800	179.3	604	7	1,069,411	179.4
4.	2024	554,220	431,704	555,481	128.7	987,185	178.1	12,522	98	999,805	180.4
5.	2025	(1,347)	7,693	420	5.5	8,113	(602.3)	1,163	0	9,276	(688.6)

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	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
1. Unearned premium reserves	0												
2. Additional policy reserves (a)	0												
3. Reserve for future contingent benefits	0												
4. Reserve for rate credits or experience rating refunds (including \$ for investment income) ..	911,770		911,770										
5. Aggregate write-ins for other policy reserves	1,064,311	255	0	0	0	0	0	1,064,056	0	0	0	0	0
6. Totals (gross)	1,976,081	255	911,770	0	0	0	0	1,064,056	0	0	0	0	0
7. Reinsurance ceded	0												
8. Totals (Net)(Page 3, Line 4)	1,976,081	255	911,770	0	0	0	0	1,064,056	0	0	0	0	0
9. Present value of amounts not yet due on claims	0												
10. Reserve for future contingent benefits	0												
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals (gross)	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded	0												
14. Totals (Net)(Page 3, Line 7)	0	0	0	0	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS													
0501. Risk adjustment redetermination	1,064,311	255						1,064,056					
0502.													
0503.													
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	1,064,311	255	0	0	0	0	0	1,064,056	0	0	0	0	0
1101.													
1102.													
1103.													
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Anthem HealthChoice HMO, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

	Claim Adjustment Expenses		3	4	5
	1	2			
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent (\$ for occupancy of own building)	57,481	9,175	(30,240)		36,416
2. Salary, wages and other benefits	1,970,072	99,605	1,083,257		3,152,934
3. Commissions (less \$ ceded plus \$ assumed)	0		852,831		852,831
4. Legal fees and expenses	56	7	44,591		44,654
5. Certifications and accreditation fees	0		0		0
6. Auditing, actuarial and other consulting services ...	(4,066)	(865)	271,378		266,447
7. Traveling expenses	93	17	7,083		7,193
8. Marketing and advertising	283	20	20,920		21,223
9. Postage, express and telephone	5,889	1,279	31,026		38,194
10. Printing and office supplies	258	14	2,972		3,244
11. Occupancy, depreciation and amortization	0		0		0
12. Equipment	0		6,614		6,614
13. Cost or depreciation of EDP equipment and software	27,051	2,305	180,988		210,344
14. Outsourced services including EDP, claims, and other services	95,649	42,879	154,196		292,724
15. Boards, bureaus and association fees	16		22,052		22,068
16. Insurance, except on real estate	0		11,011		11,011
17. Collection and bank service charges			9,559		9,559
18. Group service and administration fees	0	574,363	55,153		629,516
19. Reimbursements by uninsured plans	0		(3,273,149)		(3,273,149)
20. Reimbursements from fiscal intermediaries	0		0		0
21. Real estate expenses	0	0	32,260		32,260
22. Real estate taxes	0		1,761		1,761
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	(9,106)	(6,141)	(224,235)		(239,482)
23.2 State premium taxes	0		282,340		282,340
23.3 Regulatory authority licenses and fees	442		1,669		2,111
23.4 Payroll taxes	132,565	12,609	44,077		189,251
23.5 Other (excluding federal income and real estate taxes)	0		353,338		353,338
24. Investment expenses not included elsewhere	0		0	227,938	227,938
25. Aggregate write-ins for expenses	(8,726)	(1,386,706)	(108,219)	0	(1,503,651)
26. Total expenses incurred (Lines 1 to 25)	2,267,957	(651,439)	(166,767)	227,938	(a) 1,677,689
27. Less expenses unpaid December 31, current year		142,578	517,076		659,654
28. Add expenses unpaid December 31, prior year		1,643,381	3,581,509		5,224,890
29. Amounts receivable relating to uninsured plans, prior year			3,028,507		3,028,507
30. Amounts receivable relating to uninsured plans, current year			5,302,769		5,302,769
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	2,267,957	849,364	5,171,928	227,938	8,517,187
DETAILS OF WRITE-INS					
2501. Miscellaneous expenses	(8,726)	62,013	(108,219)		(54,932)
2502. LAE change		(1,448,719)			(1,448,719)
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	(8,726)	(1,386,706)	(108,219)	0	(1,503,651)

(a) Includes management fees of \$ 4,370,367 to affiliates and \$ to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. government bonds	(a) 1,516,164	 1,523,376
1.1	Bonds exempt from U.S. tax	(a) .....	.....
1.2	Other bonds (unaffiliated)	(a) .....9,051,538	9,102,845
1.3	Bonds of affiliates	(a) .....0	0
2.1	Preferred stocks (unaffiliated)	(b) .....0	0
2.11	Preferred stocks of affiliates	(b) .....0	0
2.2	Common stocks (unaffiliated)	0	0
2.21	Common stocks of affiliates	0	0
3.	Mortgage loans	(c) .....0	0
4.	Real estate	(d) .....0	0
5	Contract Loans	0	0
6	Cash, cash equivalents and short-term investments	(e) .....953,067	953,067
7	Derivative instruments	(f) .....0	0
8.	Other invested assets	0	0
9.	Aggregate write-ins for investment income	157,792	156,945
10.	Total gross investment income	11,678,561	11,736,233
11.	Investment expenses		(g) .....227,938
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g) .....0
13.	Interest expense		(h) .....0
14.	Depreciation on real estate and other invested assets		(i) .....0
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		227,938
17.	Net investment income (Line 10 minus Line 16)		11,508,295
DETAILS OF WRITE-INS			
0901.	Miscellaneous income	132,424	132,424
0902.	Securities lending	25,368	24,521
0903.	.....		
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)	157,792	156,945
1501.	.....		
1502.	.....		
1503.	.....		
1598.	Summary of remaining write-ins for Line 15 from overflow page		0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$969,616 accrual of discount less \$ 1,019,445 amortization of premium and less \$79,756 paid for accrued interest on purchases.
- (b) Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued dividends on purchases.
- (c) Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued interest on purchases.
- (d) Includes \$0 for company's occupancy of its own buildings; and excludes \$0 interest on encumbrances.
- (e) Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued interest on purchases.
- (f) Includes \$0 accrual of discount less \$0 amortization of premium.
- (g) Includes \$.0 investment expenses and \$0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$0 interest on surplus notes and \$0 interest on capital notes.
- (i) Includes \$0 depreciation on real estate and \$0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds	0	0	0	0	0
1.1	Bonds exempt from U.S. tax	0	0	0	0	0
1.2	Other bonds (unaffiliated)	(998,768)	0	(998,768)	1,322	0
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)	0	0	0	0	0
2.11	Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unaffiliated)	0	0	0	0	0
2.21	Common stocks of affiliates	0	0	0	0	0
3.	Mortgage loans	0	0	0	0	0
4.	Real estate	0	0	0	0	0
5.	Contract loans	0	0	0	0	0
6.	Cash, cash equivalents and short-term investments	0	0	0	0	0
7.	Derivative instruments	0	0	0	0	0
8.	Other invested assets	0	0	0	0	0
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	(998,768)	0	(998,768)	1,322	0
DETAILS OF WRITE-INS						
0901.	.....					
0902.	.....					
0903.	.....					
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)	0	0	0	0	0

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			0
2. Stocks (Schedule D):			
2.1 Preferred stocks			0
2.2 Common stocks			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			0
3.2 Other than first liens			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			0
4.2 Properties held for the production of income			0
4.3 Properties held for sale			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)			0
6. Contract loans			0
7. Derivatives (Schedule DB)			0
8. Other invested assets (Schedule BA)			0
9. Receivables for securities			0
10. Securities lending reinvested collateral assets (Schedule DL)			0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)			0
14. Investment income due and accrued			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	1,492,929	1,171,339	(321,590)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due ..			0
15.3 Accrued retrospective premiums and contracts subject to redetermination			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			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	27,964	191,488	163,524
18.1 Current federal and foreign income tax recoverable and interest thereon			0
18.2 Net deferred tax asset			0
19. Guaranty funds receivable or on deposit			0
20. Electronic data processing equipment and software			0
21. Furniture and equipment, including health care delivery assets	446,892	803,083	356,191
22. Net adjustment in assets and liabilities due to foreign exchange rates			0
23. Receivable from parent, subsidiaries and affiliates			0
24. Health care and other amounts receivable	28,304,655	26,845,500	(1,459,155)
25. Aggregate write-ins for other-than-invested assets	100,203	99,183	(1,020)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	30,372,643	29,110,593	(1,262,050)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. Total (Lines 26 and 27)	30,372,643	29,110,593	(1,262,050)
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0
2501. Prepaid expenses	68,905	68,905	0
2502. Blue Card program receivables	25,279	25,278	(1)
2503. Miscellaneous receivables	6,019	5,000	(1,019)
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	100,203	99,183	(1,020)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	31,636	1,891	1,748	1,894	1,894	22,246
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service	5,321	4,998	5,045	5,104	5,225	60,954
5. Indemnity Only						
6. Aggregate write-ins for other lines of business.....	133	137	140	143	130	1,628
7. Total	37,090	7,026	6,933	7,141	7,249	84,828
DETAILS OF WRITE-INS						
0601. Consumer driven health plans	133	137	140	143	130	1,628
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	133	137	140	143	130	1,628

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying financial statements of Anthem HealthChoice HMO, Inc. (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 by the NAIC *Accounting Practices and Procedures Manual* (“NAIC SAP”), subject to any deviations prescribed or permitted by the New York State Department of Financial Services (the “Department”). The Department has adopted accounting policies found in NAIC SAP as a component of prescribed accounting practices. Additionally, the Department has adopted certain prescribed accounting practices that differ from those found in NAIC SAP, which impact the Company, specifically 1) overdue premiums (in excess of 90 days) from state and local governments or any of its instrumentalities shall be admitted assets; in NAIC SAP, premiums over 90 days due are non-admitted; 2) certain estimated market stabilization reinsurance/pooling recoverables, stop-loss recoverables, and reinsurance recoverables are admitted assets; in NAIC SAP, these recoverables are admitted only upon notification of the refund; and 3) prepaid broker commissions are admitted assets; in NAIC SAP, prepaid broker commissions are nonadmitted assets. The Department has the right to permit other specific practices that deviate from prescribed practices. The Company has employed no permitted practices in preparing the accompanying statutory-basis financial statements.

A reconciliation of the Company’s net income (loss) and capital and surplus between NAIC SAP and practices prescribed and permitted by the Department is shown below:

	SSAP #	F/S Page	F/S Line #	2025	2024
Net Income					
(1) Anthem HealthChoice HMO, Inc. state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 12,090,463	\$ 40,829,962
(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	\$ 12,090,463	\$ 40,829,962
Surplus					
(5) Anthem HealthChoice HMO, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$195,232,451	\$188,677,761
(6) State Prescribed Practices that is an increase/(decrease) from NAIC SAP: Prepaid Brokers’ Commissions	29	2	25	205,722	2,300,485
(7) State Permitted Practices that is an increase/(decrease) from NAIC SAP:				—	—
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$195,026,729	\$186,377,276

NOTES TO FINANCIAL STATEMENTS

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

Preparation of financial statements requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

C. Accounting Policies

Health premiums are earned over the term of the related insurance policies and reinsurance contracts. Premiums written are reported net of excess loss reinsurance ceded and experience rating refunds. Unearned premium reserves are established to cover the unexpired portion of premiums written and are computed by pro rata methods for direct business and based on reports received from ceding companies for reinsurance. Premiums paid by subscribers prior to the effective date are recorded on the balance sheet as premiums received in advance and are subsequently credited to income as earned during the coverage period. Premium rates for certain lines of business are subject to approval by the Department. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred. All other costs, including underwriting expenses, are charged to operations as incurred.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments include investments, not backed by other loans, with maturities of less than one year and more than three months at the date of acquisition and are reported at amortized cost, which approximates fair value. Non-investment grade short-term investments are stated at the lower of amortized cost or fair value.
- (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) The Company has no investments in common stocks of unaffiliated companies.
- (4) The Company has no investments in preferred stocks.
- (5) The Company has no investment in residual tranche securities.
- (6) The Company has no mortgage loans - real estate.
- (7) Asset-backed securities are stated at amortized cost. Prepayment assumptions for asset-backed 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 asset-backed securities. Non-investment grade asset-backed securities are stated at the lower of amortized cost or fair value.
- (8) The Company has no investments in subsidiaries, controlled and affiliated companies.
- (9) The Company has no investments in joint ventures, partnerships or limited liability companies.
- (10) The Company has no derivative instruments.
- (11) The Company recognizes losses from other-than-temporary impairments ("OTTI") of investments in accordance with Statements of Standard Accounting Practice ("SSAP") No. 26, *Bonds*; and SSAP No. 30, *Common Stock*; and SSAP No. 32, *Preferred Stock*.
- (12) The Company does not anticipate investment income as a factor in premium deficiency calculations.
- (13) Unpaid claims and claims adjustment expenses include management's best estimate of amounts based on historical claim development patterns and certain individual case estimates. The established liability considers health benefit provisions, business practices, economic conditions and other factors that may materially affect

NOTES TO FINANCIAL STATEMENTS

the cost, frequency and severity of claims. Liabilities for unpaid claims and claim adjustment expenses are based on assumptions and estimates, and while management believes such estimates are reasonable, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and changes in estimates are incorporated into current period estimates.

(14) The Company has not modified its capitalization policy from the prior period.

(15) An accounting policy election has been made to disregard corporate AMT when evaluating the need for a valuation allowance for its regular tax deferred tax assets.

(16) Pharmacy rebate receivables are recorded when earned based upon actual rebate receivables billed and an estimate of receivables based upon current utilization of specific pharmaceuticals and provider contract terms.

D. Going Concern

Not applicable.

2. Accounting Changes and Corrections of Errors

There were no accounting changes or corrections of errors during the years ended December 31, 2025 and 2024.

3. Business Combinations and Goodwill

A. Statutory Purchase Method

Not applicable.

B. Statutory Merger

Not applicable.

C. Assumption Reinsurance

Not applicable.

D. Impairment Loss

Not applicable.

E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill

Not applicable.

4. Discontinued Operations

The Company had no operations that were discontinued during 2025 or 2024.

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

The Company did not have investments in mortgage loans at December 31, 2025 or 2024.

NOTES TO FINANCIAL STATEMENTS

B. Debt Restructuring

The Company did not have invested assets that were restructured debt at December 31, 2025 or 2024.

C. Reverse Mortgages

The Company did not have investments in reverse mortgages at December 31, 2025 or 2024.

D. Asset-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 asset-backed securities.
- (2) The Company did not recognize OTTI on its asset-backed securities during the years ended December 31, 2025 and 2024.
- (3) The Company did not recognize OTTI on its asset-backed securities at December 31, 2025 and 2024.
- (4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):
 - a. The aggregate amount of unrealized losses:

1.	Less than 12 Months	(360,657)
2.	12 Months or Longer	(1,768,151)
 - b. The aggregate related fair value of securities with unrealized losses:

1.	Less than 12 Months	16,823,024
2.	12 Months or Longer	21,458,986
- (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 December 31, 2025 or 2024.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

- (1) The Company did not enter into repurchase agreements at December 31, 2025 or 2024.
- (2) The Company participates in a securities lending program whereby marketable securities in its investment portfolio are transferred to independent brokers or dealers based on, among other things, their creditworthiness in exchange for collateral initially equal to at least 102% of the market value of the loaned securities. The Company receives the collateral in cash or securities, and if cash is received the cash collateral is thereafter invested according to guidelines of the Company’s Investment Policy.

NOTES TO FINANCIAL STATEMENTS

(3) Collateral Received

a. Aggregate amount collateral received		
		<u>Fair Value</u>
1. Securities Lending		
(a) Open		9,374,463
(b) 30 days or less		—
(c) 31 to 60 days		—
(d) 61 to 90 days		—
(e) Greater than 90 days		—
(f) Sub-total	\$	9,374,463
(g) Securities received		850,757
(h) Total collateral received	\$	<u>10,225,220</u>
2. Dollar repurchase agreement - Not applicable.		
b. The fair value of that collateral and of the portion of that collateral that it has sold or replugged	\$	<u>10,225,220</u>
c. The Company receives cash collateral in an amount in excess of fair value of the securities lent. The Company reinvests the cash collateral according to guidelines of the Company’s Investment Policy.		

(4) The Company does not have any securities lending transactions administered by an affiliated agent.

(5) Collateral Reinvestment

a. Aggregate amount collateral reinvested			
		<u>Amortized Cost</u>	<u>Fair Value</u>
1. Securities Lending			
(a) Open	\$	—	\$ —
(b) 30 days or less		3,611,301	3,612,663
(c) 31 to 60 days		2,944,760	2,946,879
(d) 61 to 90 days		305,636	305,657
(e) 91 to 120 days		1,713,746	1,713,788
(f) 121 to 180 days		624,371	624,448
(g) 181 to 365 days		174,649	174,649
(h) 1 to 2 years		—	—
(i) 2 to 3 years		—	—
(j) Greater than 3 years		—	—
(k) Sub-total	\$	9,374,463	\$ 9,378,084
(l) Securities received		850,757	850,757
(m) Total collateral reinvested	\$	<u>10,225,220</u>	<u>10,228,841</u>
2. Dollar repurchase agreement - Not applicable.			
b. Not applicable.			

(6) Not applicable.

(7) 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 December 31, 2025 or 2024.

NOTES TO FINANCIAL STATEMENTS

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 December 31, 2025 or 2024.

H. Repurchase Agreements Transactions Accounted for as a Sale

The Company did not enter into repurchase agreement transactions accounted for as a sale at December 31, 2025 or 2024.

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 December 31, 2025 or 2024.

J. Real Estate

The Company did not have investments in real estate and did not engage in retail land sales operations during 2025 or 2024.

K. Investments in Tax Credit Structures (tax credit investments)

The Company did not invest in projects generating tax credits during 2025 or 2024.

NOTES TO FINANCIAL STATEMENTS

L. Restricted Assets

(1) Restricted assets (including pledged)

Restricted Asset Category	1	2	3	4	5	6	7	8	9	10
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross Admitted and Nonadmitted Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)	Amount Reported in General Interrogatories	Difference from Note and GI	GI Ref
a. Subject to contractual obligation for which liability is not shown	\$ —	\$ —	\$ —	\$ —	\$ —	0.00 %	0.00 %	\$ —	\$ —	
b. Collateral held under security lending agreements	10,225,220	9,057,553	1,167,667	—	10,225,220	3.30 %	3.65 %	10,225,220	—	25.04+25.05
c. Subject to repurchase agreements	—	—	—	—	—	0.00 %	0.00 %	—	—	26.21
d. Subject to reverse repurchase agreements	—	—	—	—	—	0.00 %	0.00 %	—	—	26.22
e. Subject to dollar repurchase agreements	—	—	—	—	—	0.00 %	0.00 %	—	—	26.23
f. Subject to dollar reverse repurchase agreements	—	—	—	—	—	0.00 %	0.00 %	—	—	26.24
g. Placed under option contracts	—	—	—	—	—	0.00 %	0.00 %	—	—	26.25
h. Letter stock or securities restricted as to sale-excluding FHLB capital stock	—	—	—	—	—	0.00 %	0.00 %	—	—	26.26
i. FHLB capital stock	—	—	—	—	—	0.00 %	0.00 %	—	—	26.27
j. On deposit with states	30,502,068	30,190,575	311,493	—	30,502,068	9.84 %	10.90 %	30,502,068	—	26.28
k. On deposit with other regulatory bodies	—	—	—	—	—	0.00 %	0.00 %	—	—	26.29
l. Pledged as collateral to FHLB (including assets backing funding agreements)	—	—	—	—	—	0.00 %	0.00 %	—	—	26.31
m. Pledged as collateral not captured in other categories	—	—	—	—	—	0.00 %	0.00 %	—	—	26.30
n. Other restricted assets	—	—	—	—	—	0.00 %	0.00 %	—	—	26.32
o. Collateral assets received and on balance sheet	—	—	—	—	—	0.00 %	0.00 %	XXX	XXX	N/A
p. Assets held under modco reinsurance agreements	—	—	—	—	—	0.00 %	0.00 %	XXX	XXX	N/A
q. Assets held under funds withheld reinsurance agreements	—	—	—	—	—	0.00 %	0.00 %	XXX	XXX	N/A
r. Total restricted assets (Sum of a through q)	\$ 40,727,288	\$ 39,248,128	\$ 1,479,160	\$ —	\$40,727,288	13.14 %	14.55 %	XXX	XXX	XXX

(a) Column 1 divided by Asset Page, Column 1, Line 28
(b) Column 5 divided by Asset Page, Column 3, Line 28

- (2) Not applicable.
- (3) Not applicable.
- (4) Not applicable.
- (5) Not applicable.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Anthem HealthChoice HMO, Inc.

NOTES TO FINANCIAL STATEMENTS

M. Working Capital Finance Investments

The Company did not have any working capital finance investments at December 31, 2025 and 2024.

N. Offsetting and Netting of Assets and Liabilities

The Company did not have any offsetting or netting of assets and liabilities at December 31, 2025 and 2024.

O. 5GI Securities

The Company has no 5GI Securities as of December 31, 2025 and 2024.

P. Short Sales

The Company did not have any short sales at December 31, 2025 and 2024.

Q. Prepayment Penalty and Acceleration Fees

	General Account	
(1) Number of CUSIPs		1
(2) Aggregate Amount of Investment Income	\$	14,450

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

The Company did not participate in a cash pool at December 31, 2025 or 2024.

S. Aggregate Collateral Loans by Qualifying Investment Collateral

The Company did not have any aggregate collateral loans with qualifying investment collateral at December 31, 2025 or 2024.

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company has no investments in joint ventures, partnerships, or LLCs.
- B. Not applicable.

7. Investment Income

- A. All investment income due and accrued with amounts that are over 90 days past due is non-admitted.
- B. At December 31, 2025 and 2024 there was no nonadmitted accrued investment income.
- C. At December 31, 2025 and 2024 the gross, nonadmitted and admitted amounts for interest income due and accrued are as follows:

Interest Income Due and Accrued	2025		2024	
1. Gross	\$	2,442,455	\$	2,384,782
2. Nonadmitted	\$	—	\$	—
3. Admitted	\$	2,442,455	\$	2,384,792

- D. At December 31, 2025 and 2024 the Company had no aggregate deferred interest.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Anthem HealthChoice HMO, Inc.

NOTES TO FINANCIAL STATEMENTS

E. At December 31, 2025 and 2024 the Company had cumulative amounts of paid-in-kind (“PIK”) interest included in the current principal balance as follows:

	2025	2024
Cumulative amounts of PIK interest included in the current principal balance	\$ 688,826	\$ 549,621

8. Derivative Instruments

The Company has no derivative instruments.

9. Income Taxes

A. The components of net deferred tax assets (liabilities):

(1) The components of net deferred tax asset (liabilities) are as follows:

12/31/2025			
(1)	(2)	(3)	
Ordinary	Capital	(Col 1+2) Total	
(a) Gross Deferred Tax Assets	\$ 5,839,480	\$ 176,361	\$ 6,015,841
(b) Statutory Valuation Allowance Adjustments	2,213,612	47,211	2,260,823
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	3,625,868	129,150	3,755,018
(d) Deferred Tax Assets Nonadmitted	—	—	—
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	3,625,868	129,150	3,755,018
(f) Deferred Tax Liabilities	262,910	127,362	390,272
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 3,362,958	\$ 1,788	\$ 3,364,746

12/31/2024			
(4)	(5)	(6)	
Ordinary	Capital	(Col 4+5) Total	
(a) Gross Deferred Tax Assets	\$ 7,737,400	\$ 162,918	\$ 7,900,318
(b) Statutory Valuation Allowance Adjustments	—	—	—
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	7,737,400	162,918	7,900,318
(d) Deferred Tax Assets Nonadmitted	—	—	—
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	7,737,400	162,918	7,900,318
(f) Deferred Tax Liabilities	61,785	198,742	260,527
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 7,675,615	\$ (35,824)	\$ 7,639,791

Change			
(7)	(8)	(9)	
(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total	
(a) Gross Deferred Tax Assets	\$ (1,897,920)	\$ 13,443	\$ (1,884,477)
(b) Statutory Valuation Allowance Adjustments	2,213,612	47,211	2,260,823
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	(4,111,532)	(33,768)	(4,145,300)
(d) Deferred Tax Assets Nonadmitted	—	—	—
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	(4,111,532)	(33,768)	(4,145,300)
(f) Deferred Tax Liabilities	201,125	(71,380)	129,745
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ (4,312,657)	\$ 37,612	\$ (4,275,045)

NOTES TO FINANCIAL STATEMENTS

(2) The amount of admitted adjusted gross deferred tax assets under each component of SSAP No. 101, *Income Taxes* (“SSAP No. 101”) are as follows:

12/31/2025			
(1)	(2)	(3)	
Ordinary	Capital	(Col 1+2)	Total
Admission Calculation Components SSAP No. 101			
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.	\$ 3,613,752	\$ —	\$ 3,613,752
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	—	1,788	1,788
1. Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	—	1,788	1,788
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	28,780,156
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	12,116	127,362	139,478
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 3,625,868	\$ 129,150	\$ 3,755,018

12/31/2024			
(4)	(5)	(6)	
Ordinary	Capital	(Col 4+5)	Total
Admission Calculation Components SSAP No. 101			
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.	\$ 7,723,195	\$ —	\$ 7,723,195
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	3,790	—	3,790
1. Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	3,790	—	3,790
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	27,775,450
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	10,415	162,918	173,333
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 7,737,400	\$ 162,918	\$ 7,900,318

Change			
(7)	(8)	(9)	
(Col 1-4)	(Col 2-5)	(Col 7+8)	Total
Admission Calculation Components SSAP No. 101			
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.	\$ (4,109,443)	\$ —	\$ (4,109,443)
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	(3,790)	1,788	(2,002)
1. Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	(3,790)	1,788	(2,002)
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	1,004,706
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	1,701	(35,556)	(33,855)
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ (4,111,532)	\$ (33,768)	\$ (4,145,300)

NOTES TO FINANCIAL STATEMENTS

(3)				2025		2024									
(a)		Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.		10,304.44 %		1,050.65 %									
(b)		Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.		\$ 191,867,705		\$ 181,037,970									
(4)				12/31/2025		12/31/2024		Change							
				(1)		(2)		(3)		(4)		(5)		(6)	
				Ordinary		Capital		Ordinary		Capital		(Col 1-3) Ordinary		(Col 2-4) Capital	
Impact of Tax-Planning Strategies															
(a)		Determination of Adjusted Gross Deferred Tax Assets and Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.													
1.		Adjusted Gross DTAs Amount From Note 9A1(c)		\$3,625,868		\$129,150		\$ 7,737,400		\$162,918		\$ (4,111,532)		\$(33,768)	
2.		Percentage of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies		0.00 %		1.38 %		0.00 %		0.00 %		0.00 %		1.38 %	
3.		Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)		\$3,625,868		\$129,150		\$ 7,737,400		\$162,918		\$ (4,111,532)		\$(33,768)	
4.		Percentage of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies		0.00 %		0.00 %		0.00 %		0.00 %		0.00 %		0.00 %	
(b)		Does the Company’s tax-planning strategies include the use of reinsurance?						Yes				No		X	

NOTES TO FINANCIAL STATEMENTS

	(1)	(2)	
	12/31/2025	12/31/2024	(Col 1-2) Change
(2) Deferred Tax Assets:			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 33,051	\$ 284,831	\$ (251,780)
(2) Unearned premium reserve	—	3,155	(3,155)
(3) Policyholder reserves	42,000	420,000	(378,000)
(4) Investments	—	—	—
(5) Deferred acquisition costs	—	—	—
(6) Policyholder dividends accrual	—	—	—
(7) Fixed assets	90	100	(10)
(8) Compensation and benefits accrual	—	—	—
(9) Pension accrual	—	—	—
(10) Receivables - nonadmitted	4,730,232	5,369,770	(639,538)
(11) Net operating loss carry-forward	—	—	—
(12) Tax credit carry-forward	—	—	—
(13) Other	1,034,107	1,659,544	(625,437)
(99) Subtotal (sum of 2a1 through 2a13)	5,839,480	7,737,400	(1,897,920)
(b) Statutory valuation allowance adjustment	2,213,612	—	2,213,612
(c) Nonadmitted	—	—	—
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	3,625,868	7,737,400	(4,111,532)
(e) Capital			
(1) Investments	2,384	2,661	(277)
(2) Net capital loss carry-forward	173,977	160,257	13,720
(3) Real estate	—	—	—
(4) Other	—	—	—
(99) Subtotal (2e1+2e2+2e3+2e4)	176,361	162,918	13,443
(f) Statutory valuation allowance adjustment	47,211	—	47,211
(g) Nonadmitted	—	—	—
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	129,150	162,918	(33,768)
(i) Admitted deferred tax assets (2d + 2h)	\$ 3,755,018	\$ 7,900,318	\$ (4,145,300)

	(1)	(2)	(3)
	12/31/2025	12/31/2024	(Col 1-2) Change
(3) Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	\$ 262,145	\$ 60,710	\$ 201,435
(2) Fixed assets	—	—	—
(3) Deferred and uncollected premium	—	—	—
(4) Policyholder reserves	—	—	—
(5) Other	765	1,075	(310)
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	262,910	61,785	201,125
(b) Capital			
(1) Investments	127,362	198,742	(71,380)
(2) Real estate	—	—	—
(3) Other	—	—	—
(99) Subtotal (3b1+3b2+3b3)	127,362	198,742	(71,380)
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 390,272	\$ 260,527	\$ 129,745
(4) Net deferred tax assets/liabilities (2i - 3c)	\$ 3,364,746	\$ 7,639,791	\$ (4,275,045)

NOTES TO FINANCIAL STATEMENTS

D. The Company’s income tax expense and change in deferred income taxes differs from the amount obtained by applying the federal statutory income tax rate of 21% for the year ended December 31 as follows:

	2025	2024
Tax expense computed using federal statutory rate	\$ 2,458,357	\$ 10,885,804
Change in nonadmitted assets	(265,030)	6,592,605
Tax exempt income and dividend received deduction net of proration	(442,136)	(484,900)
Prior year true-up and adjustments	—	412,660
Tax settlements and contingencies	(122,625)	(10,153)
Valuation allowance	2,260,822	(9,190,658)
Other, net	1,378	1,051
Total	\$ 3,890,766	\$ 8,206,409
Federal income taxes incurred	\$ (384,001)	\$ 11,007,198
Change in net deferred income taxes	4,274,767	(2,800,789)
Total statutory income taxes	\$ 3,890,766	\$ 8,206,409

E. Operating loss carryforwards:

- (1) The Company has no operating loss carryforwards and no corporate alternative minimum tax (“AMT”) credit carryforwards as of December 31, 2025 or 2024.
- (2) The following are income taxes incurred in the current and prior year(s) that will be available for recoupment in the event of future net losses:

	Ordinary	Capital	Total
2025	\$ —	\$ —	\$ —
2024	11,102,691	—	11,102,691
2023	N/A	—	—

- (3) The Company has no protective tax deposits reported as admitted assets under Section 6603 of the Internal Revenue Service Code as of December 31, 2025 and 2024.

F. The following companies will be included in the consolidated federal income tax return with their parent Elevance Health, Inc. (“Elevance Health”) as of December 31, 2025 and either are current members of the consolidated tax sharing agreement or are in the process of being added to the consolidated tax sharing agreement. Allocation of federal income taxes, including corporate AMT, with affiliates subject to the tax sharing agreement is based upon separate income tax return calculations, including separate corporate AMT calculations, with credit for net operating losses and capital losses that can be used on a consolidated basis. Pursuant to this agreement, the Company has the enforceable right to recoup federal income taxes paid in prior years in the event of future net losses, which it may incur, or to recoup its net losses carried forward as an offset to future net income subject to federal income taxes. Intercompany income tax balances are settled based on the Internal Revenue Service due dates.

Albion Medical Group of Nevada, P.C.	Community Care Health Plan of Nevada, Inc.
Albion Medical Partners of California, P.C.	Community Insurance Company
Albion Medical Partners of California West, P.C.	Compcare Health Services Insurance Corporation
Albion Medical Partners of Illinois, S.C.	Crossroads Acquisition Corp.
Alliance Care Management, LLC	DeCare Analytics, LLC
Amerigroup Mississippi, Inc.	DeCare Dental Health International, LLC
Amerigroup Pennsylvania, Inc.	DeCare Dental Networks, LLC
AMGP Georgia Managed Care Company, Inc.	DeCare Dental, LLC
Anthem Benefits Agency, Inc.	Designated Agent Company, Inc.
Anthem Blue Cross Life and Health Insurance Company	Elevance Health, Inc

NOTES TO FINANCIAL STATEMENTS

Anthem Financial, Inc.	Elevance Health Information Technology Services, Inc.
Anthem HealthChoice Assurance, Inc.	ELV Holding Company 2, LLC
Anthem HealthChoice HMO, Inc.	ELV Holding Company 3, LLC
Anthem Health Plans of Kentucky, Inc.	ELV Holding Company 4, LLC
Anthem Health Plans of Maine, Inc.	Federal Government Solutions, LLC
Anthem Health Plans of New Hampshire, Inc.	Freedom Health, Inc.
Anthem Health Plans of Virginia, Inc.	Freedom SPV, Inc.
Anthem Health Plans, Inc.	Golden West Health Plan, Inc.
Anthem Holding Corp.	Granular Insurance Company
Anthem HP, LLC	GranularRe, Inc.
Anthem Insurance Companies, Inc.	HaloCare Specialty Therapeutics, LLC
Anthem Kentucky Managed Care Plan, Inc.	Healthkeepers, Inc.
Anthem Southeast, Inc.	HealthLink Administrators, Inc.
APR, LLC	HealthLink, Inc.
Arcus Enterprises, Inc.	HealthSun Health Plan, Inc.
Associated Group, Inc.	Healthy Alliance Life Insurance Company
AUMSI UM Services, Inc.	HMO Colorado, Inc.
BioPlus Parent, LLC	HMO Missouri, Inc.
BioPlus Specialty Holding Company, LLC	IEC Group Holdings, Inc.
BioPlus Specialty Infusion Holdings, Inc.	IEC Group, Inc. d/b/a AmeriBen
BioPlus Specialty Pharmacy Holdings, Inc.	Innovative Pharmacy Services, LLC
BioPlus Specialty Pharmacy Holdings I, Inc.	LDNR Pharmacy, Inc.
BioPlus Specialty Pharmacy Holdings II, Inc.	Living Complete Technologies, Inc.
BioPlus Specialty Pharmacy, Inc.	Massachusetts Behavioral Health Partnership
BioPlus Specialty Pharmacy LA, LLC	Matthew Thornton Health Plan, Inc.
Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	Missouri Care, Incorporated
Blue Cross Blue Shield of Wisconsin	Nash Holding Company, LLC
Blue Cross of California	National Government Services, Inc.
Blue Cross of California Partnership Plan, Inc.	New England Research Institutes, Inc.
Capricorn Holdco, Inc.	Optimum Healthcare, Inc.
Carebridge Holding Company, LLC	OPTIONS Health Care, Inc.
Carelon Behavioral Care, Inc.	Paragon Healthcare, Inc.
Carelon Behavioral Health Holdings, Inc.	Paragon Holding Company, LLC
Carelon Behavioral Health, Inc.	Paragon Infusion Care Inc.
Carelon Behavioral Health IPA, Inc.	Pathwrite, Inc.
Carelon Behavioral Health of California, Inc.	PHI Parent, LLC
Carelon Behavioral Health Strategies IPA, LLC	RightCHOICE Managed Care, Inc.
Carelon Digital Platforms, Inc.	Rocky Mountain Hospital and Medical Service, Inc.
Carelon Global Solutions U.S., Inc.	RSV QOZB LTSS, Inc.
Carelon Health Federal Services, Inc.	SellCore, Inc.
Carelon Health, Inc.	Simply Healthcare Plans, Inc.
Carelon Health IPA of California	Southeast Services, Inc.
Carelon Health IPA of New York, Inc.	State Sponsored Services, Inc.
CareMore Health of Arizona, Inc.	The Elevance Health Companies, Inc.
CareMore Health of California, Inc.	The Elevance Health Companies of California, Inc.
Carelon Health of Nevada, Inc.	WellPoint California Services, Inc.
Carelon Health of New Jersey, Inc.	Wellpoint Corporation
Carelon Health of Pennsylvania, Inc.	Wellpoint Delaware, Inc.
Carelon Health Solutions, Inc.	WellPoint Dental Services, Inc.
Carelon Holdings I, Inc.	Wellpoint District of Columbia, Inc.
Carelon, Inc.	WellPoint Federal Corporation
Carelon Insights, Inc.	WellPoint Health Solutions, Inc.
Carelon Management Services, LLC	WellPoint Holding Corporation
Carelon Medical Benefits Management, Inc.	Wellpoint Illinois Services, Inc.
Carelon Medical Partners, P.C.	Wellpoint Insurance Company
Carelon Medical Partners of Arizona, P.C.	WellPoint Insurance Services, Inc.
Carelon Medical Partners of Colorado, P.C.	Wellpoint Iowa, Inc.
Carelon Medical Partners of Kansas, P.A.	Wellpoint IPA Holding Company, Inc.
Carelon Medical Partners of New York, P.C.	Wellpoint Life and Health Insurance Company
Carelon Medical Partners of North Carolina, P.C.	Wellpoint Maryland, Inc.
Carelon Medical Partners of Texas, P.A.	Wellpoint National Services, Inc.
Carelon Palliative Care, Inc.	Wellpoint New Jersey, Inc.
Carelon Research, Inc.	Wellpoint New Mexico, Inc.
CarelonRx, Inc.	Wellpoint Health Plans, Inc.
CarelonRx Pharmacy, Inc.	Wellpoint South Carolina, Inc.

NOTES TO FINANCIAL STATEMENTS

Caremax Pharmacy of Loudon, Inc.	Wellpoint Specialty Services, Inc.
Centers Plan for Healthy Living LLC	Wellpoint Tennessee, Inc.
Cerulean Companies, Inc.	Wellpoint Texas, Inc.
Colorado State Infusion, Inc.	Wellpoint Washington, Inc.
Community Care Health Plan of Kansas, Inc.	Wellpoint West Virginia, Inc.
Community Care Health Plan of Nebraska, Inc.	WestCare, Inc.

G. Not applicable.

H. Repatriation Transition Tax (RTT)

Not applicable.

I. Alternative Minimum Tax (AMT) Credit

The corporate alternative minimum tax (“CAMT”) is imposed at a rate of 15% on the adjusted financial statement income (“AFSI”) and is applicable only to corporations with average AFSI exceeding \$1.0 billion over a three year period. The applicability of the CAMT is determined on a tax-controlled group basis.

The Company is a member of a tax-controlled group of corporations. The Company does not expect to be subject to CAMT in 2025.

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

A. Nature of the Relationship

The Company is a New York domiciled stock health maintenance organization (“HMO”) and is a wholly-owned subsidiary of Anthem HealthChoice Assurance, Inc. (“AHCA”), which is an indirect wholly-owned subsidiary of Elevance Health, a publicly traded company.

B. Significant Transactions for Each Period

There were no significant transactions during the years ended December 31, 2025 and 2024.

For changes to the intercompany management and service arrangements see Note 10E. The amounts of transactions under such agreements are presented in Schedule Y, Part 2.

C. Transactions with Related Parties who are not Reported on Schedule Y

The Company has no transactions with related parties who are not reported on Schedule Y.

D. Amounts Due to or from Related Parties

At December 31, 2025 and 2024, the Company reported no amounts due from affiliates. At December 31, 2025 and 2024, the Company reported \$50,185,532 and \$74,986,924 due to affiliates, respectively. The receivable and payable balances represent intercompany transactions that will be settled in accordance with the settlement terms of the intercompany agreement.

Following is a summary of transactions between the Company and various affiliates during the years:

	2025	2024
The Anthem Companies, Inc.		
Medical Management	\$ 2,042,242	\$ 5,149,437
MIS-IT	133,316	1,376,847

NOTES TO FINANCIAL STATEMENTS

Sales	110,104	1,282,855
Customer Service	107,297	2,406,792
Claims	60,507	269,019
Provider Network	44,331	1,434,454
Enrollment and Billing	38,105	307,728
Operations Support	26,573	1,105,024
Finance	30,750	482,293
Decision Support	22,569	306,313
Underwriting	7,745	23,257
Legal and Compliance	21,334	345,176
Human Resources	23,786	174,084
Marketing	8,689	589,339
General Management	20,550	214,977
Product Development and Management	11,729	191,770
Planning	3,303	27,919
General Administration	383,953	1,379,023
Other	17,218	259,387
Total	\$ 3,114,101	\$ 17,325,694
Elevance Health, Inc.		
MIS-IT	\$ 414,014	\$ 1,949,206
Medical Management	354,104	9,298,965
General Management	78,728	708,966
Print Mail	27,944	369,513
Customer Service	28,652	600,976
Marketing	6,889	990,805
Legal and Compliance	23,672	744,291
Provider Network	16,979	172,363
Sales	20,471	4,213,622
Claims	21,678	1,457
Enrollment and Billing	11,457	115,661
General Administration	113,539	357,942
Finance	9,736	53,024
Product Development & Management	2,188	40,009
Operations Support	6,047	4,665,915
External Affairs	9,632	50,647
Decision Support	1,927	52,428
Other	14,815	253,650
Total	\$ 1,162,472	\$ 24,619,440
Elevance Health Information Technology Services, Inc.		
MIS-IT	\$ 134,588	\$ 1,078,830
Other	4,070	22,794
Total	\$ 138,658	\$ 1,101,624

NOTES TO FINANCIAL STATEMENTS

Costs allocated from other Elevance Health, Inc. affiliates not listed above			
Medical Management	\$	226	\$ 11,362
General Administration		(796)	(42,159)
Provider Network		94	4,307
MIS-IT		(13,550)	(59,660)
Finance		190	9,977
External Affairs		138	5,986
Product Development and Management		29	415
Claims		7,807	459,862
General Management		815	14,151
Underwriting		—	4
Decision Support		32	1,107
Credentialing		16	128
Marketing		5,811	37,468
Customer Service		50	2,725
Print Mail		1	67
Legal and Compliance		32	2,313
Clinical Health Policy		—	(2,290)
Human Resources		5,650	17,802
Sales		265	12,030
Planning		21	245
Actuarial Valuation		9	118
Operations Support		6,219	312,148
Other		54	2,643
Total	\$	13,113	\$ 790,749
Net Costs Allocated to the Company	\$	4,428,344	\$ 43,837,507
Federal Tax Payments to Elevance Health, Inc.		5,201,195	4,083,208
Total Schedule Y, Part 2, Column 8	\$	9,629,539	\$ 47,920,715

E. Management and Service Contracts and Cost Sharing Arrangements

The Company has entered into administrative services agreements with its affiliated companies. Pursuant to these agreements, various administrative, management and support services are provided to or provided by the Company. The costs and expenses related to these administrative management and support services are allocated to or allocated by the Company in an amount equal to the direct and indirect costs and expenses incurred in providing these services. Costs include expenses such as salaries, employee benefits, information technology, dental benefits management services, health care management services, communications, advertising, consulting services, rent, utilities, billing, accounting, underwriting, and product development, which support the Company’s operations. These costs are allocated based on various utilization statistics.

There were no changes to the intercompany management and service arrangements, and there were no additional arrangements entered into during 2025 or 2024.

F. Guarantees or Contingencies for Related Parties

The Company did not enter into guarantees or undertakings for the benefit of an affiliate which would result in a material contingent exposure of the Company’s or any affiliated insurer’s assets or liabilities.

G. Nature of Control Relationships that Could Affect Operations or Financial Position

AHCA owns all outstanding shares of the Company. The Company’s ultimate parent is Elevance Health.

H. Amount Deducted for Investment in Upstream Company

The Company does not own shares of upstream intermediate entities or Elevance Health.

NOTES TO FINANCIAL STATEMENTS

I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets

At December 31, 2025 and 2024, the Company did not have investments in affiliates.

J. Write-down for Impairments of Investments in Subsidiaries, Controlled or Affiliated (“SCA”) Companies

Not applicable.

K. Investment in a Foreign Insurance Subsidiary

The Company does not have investments in foreign insurance subsidiaries.

L. Investment in Downstream Non-insurance Holding Companies

The Company does not have investments in downstream non-insurance holding companies.

M. All SCA Investments

The Company has no SCA Investments.

N. Investment in Insurance SCAs

The Company does not have investments in Insurance SCAs.

O. SCA or SSAP 48 Entity Loss Tracking

The Company does not have losses on investments in Insurance SCAs and/or joint ventures, partnerships or LLCs.

11. Debt

A. Capital Notes and Other Debt

The Company had no capital notes or other debt outstanding at December 31, 2025 and 2024.

B. FHLB (Federal Home Loan Bank) Agreements

The Company had no FHLB agreements outstanding at December 31, 2025 and 2024.

C. All Other Debt

The Company had no other debt outstanding at December 31, 2025 and 2024.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan

Not applicable - See Note 12G.

B. Not applicable - See Note 12G.

C. Not applicable - See Note 12G.

NOTES TO FINANCIAL STATEMENTS

D. Not applicable - See Note 12G.

E. Defined Contribution Plans

Not applicable - See Note 12G.

F. Multiemployer Plans

The Company does not participate in a multiemployer plan.

G. Consolidated/Holding Company Plans

The Company participates in the Elevance Health 401(k) Plan, sponsored by ATH Holding Company, LLC (“ATH Holding”) and covering substantially all employees. Voluntary employee contributions are matched by ATH Holding subject to certain limitations. ATH Holding allocates a share of the total accumulated costs of this plan to the Company based on the number of allocated employees. The Company has no legal obligation for benefits under this plan.

The Company participates in a stock incentive compensation plan, sponsored by Elevance Health, providing incentive awards to non-employee directors and employees, consisting of Elevance Health stock options, restricted stock, restricted stock units, stock appreciation rights, performance shares, and performance units. Elevance Health allocates a share of the total share-based compensation expense of this plan to the Company based on the number of allocated employees. The Company has no legal obligation for benefits under this plan.

During 2025 and 2024, the Company was allocated the following costs or (credits) for these retirement benefits:

	2025	2024
Defined contribution plan	\$ 93,240	\$ 573,659
Stock incentive compensation plan	29,643	361,188

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

A. Outstanding Shares

As of December 31, 2025, the Company has 200,000 shares of \$.01 par value common stock authorized, issued and outstanding.

B. Preferred Stock

The Company has no preferred stock outstanding.

C. Dividend Restrictions

Under New York law, the Company is limited in the amount of dividends that can be declared without regulatory approval. The Department and the New York State Department of Health (“NYDOH”) must approve any dividend that exceeds the lesser of 10% of its capital and surplus or 100% of adjusted net investment income. Also, any

NOTES TO FINANCIAL STATEMENTS

dividend paid from other than positive unassigned surplus shall be considered an extraordinary dividend, and will need approval of the Insurance Commissioner.

D. Dividends Paid

See Footnote 10B.

E. Maximum Ordinary Dividend During 2026

Within the limitations of (C) above, the Company may pay \$11,508,295 in ordinary dividends during 2026 without restrictions, other than state notification requirements.

F. Unassigned Surplus Restrictions

Unassigned surplus funds are not restricted at December 31, 2025.

G. Mutual Surplus Advances

Not applicable.

H. Company Stock Held for Special Purpose

There are no shares of stock held for special purposes at December 31, 2025.

I. Changes in Special Surplus Funds

There are no special surplus funds at December 31, 2025.

J. Changes in Unassigned Funds

The portion of unassigned funds represented by cumulative unrealized investment gains and losses was (\$8,968) at December 31, 2025.

K. Surplus Notes

The Company has not issued any surplus notes or debentures or similar obligations.

L. Restatement due to Prior Quasi-reorganizations

The Company had no restatements due to prior quasi-reorganizations.

M. Quasi-reorganizations over Prior 10 Years

The Company has not been involved in a quasi-reorganization during the past 10 years.

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

The Company had no contingent commitments at December 31, 2025 or 2024.

B. Assessments

(1) The Company is subject to guaranty fund and other assessment. Guaranty fund assessments are accrued at the time of covered insurer insolvencies.

The Company participates in risk sharing pools, including the Demographic and Specified Medical Conditions (Regulation 164) and Stop Loss (Regulation 171)

NOTES TO FINANCIAL STATEMENTS

pools. These pools are intended to subsidize health insurance carriers for unfavorable claims experience. The Company is also subject to Bad Debt and Charity Care pools which subsidize financially stressed hospitals and Graduate Medical Expenses (“GME”) assessments which subsidize hospital indigent care and health care initiatives. These assessments are accrued at the time the assessment obligation is incurred.

(2) Not applicable.

(3) Not applicable.

C. Gain Contingencies

The Company has no gain contingencies at December 31, 2025 or 2024.

D. Claims-Related Extra Contractual Obligation and the Bad Faith Losses Stemming From Lawsuits

Not applicable.

E. Joint and Several Liabilities

Not applicable.

F. All Other Contingencies

Litigation and regulatory proceedings

Blue Cross Blue Shield Antitrust Litigation

Elevance Health, Inc. is a defendant in multiple lawsuits that were initially filed in 2012 against the BCBSA and Blue Cross and/or Blue Shield licensees (the “Blue plans”) across the country. These cases were consolidated into a single, multi-district proceeding captioned *In re Blue Cross Blue Shield Antitrust Litigation* that is pending in the U.S. District Court for the Northern District of Alabama (the “Court”). Generally, the suits allege that the BCBSA and the Blue plans have conspired to horizontally allocate geographic markets through license agreements, best efforts rules that limit the percentage of non-Blue revenue of each plan, restrictions on acquisitions, rules governing the BlueCard® and National Accounts programs and other arrangements in violation of the Sherman Antitrust Act and related state laws. The cases were brought by two putative nationwide classes of plaintiffs, health plan subscribers and providers.

The BCBSA and Blue plans approved a settlement agreement and release with the subscriber plaintiffs (the “Subscriber Settlement Agreement”), which received final approval from the Court in September 2022. The ultimate amount paid by Elevance Health under the Subscriber Settlement Agreement was \$604,000,000. The Company’s portion of the Subscriber Settlement Agreement was primarily accrued in 2020. The Subscriber Settlement Agreement and the defendants’ payment and non-monetary obligations under the Subscriber Settlement Agreement became effective in June 2024, with the request for second Blue plan bid provisions effective in September 2024. The funds held in escrow will be distributed in accordance with the Subscriber Settlement Agreement.

A number of follow-on cases involving entities that opted out of the Subscriber Settlement Agreement have been filed. Those actions are: *Alaska Air Group, Inc., et al. v. Anthem, Inc., et al.*, No. 2:21-cv-01209-AMM (N.D. Ala.); *JetBlue Airways Corp., et al. v. Anthem, Inc., et al.*, No. 2:22-cv-00558-GMB (N.D. Ala.); *Metropolitan Transportation Authority v. Blue Cross and Blue Shield of Alabama et al.*, No. 2:22-cv-00265-RDP (N.D. Ala.) (dismissed without prejudice in June 2023); *Bed Bath &*

NOTES TO FINANCIAL STATEMENTS

Beyond Inc. v. Anthem, Inc., No. 2:22-cv-01256-SGC (N.D. Ala.); *Hoover, et al. v. Blue Cross Blue Shield Association, et al.*, No. 1:21-cv-23448 (S.D. Fla.); and *VHS Liquidating Trust v. Blue Cross of California, et al.*, No. RG21106600 (Cal. Super.). In February 2023, the Court denied the defendants' motion to dismiss based on a statute of limitations defense in *Alaska Air* and *Jet Blue*. In September 2023, the California court presiding over the *VHS* case, upheld its prior order granting in part defendants' motion to strike based on the statute of limitations. On February 14, 2025, the *VHS* plaintiffs amended their complaint to add an additional plaintiff, Children's Hospital of Los Angeles. Elevance Health intends to continue to vigorously defend these follow-on cases, which they believe are without merit; however, their ultimate outcome cannot be presently determined.

In the third quarter of 2024, the BCBSA, along with individually named Blue plans approved a settlement agreement and release (the "Provider Settlement Agreement") with the provider plaintiffs, and in October 2024 the provider plaintiffs filed a motion for preliminary approval with the Court. The Court granted preliminary approval of the provider settlement on December 4, 2024. A Final Fairness Hearing was held in July 2025, and a Final Order of Approval was issued in August 2025. As a result of the Final Order of Approval, the defendants were required to make a monetary settlement payment and certain non-monetary terms including (i) expansion of opportunities to contract with providers in contiguous services areas, (ii) certain prompt pay commitments, and (iii) various technological enhancements to the BlueCard program are not being implanted on a time line set forth in the Provider Settlement Agreement. The effective date of the Provider Settlement Agreement was September 19, 2025. Elevance Health's payment obligation under the Provider Settlement Agreement was \$666,000,000. The Company recorded its portion of the Provider Settlement Agreement in September 2024.

A number of follow-on cases involving entities that opted out of the Provider Settlement Agreement have been filed and centralized in the BCBSA Litigation multi-district proceeding. Those actions are: *Fresno Community Hospital and Medical Center, et al. v. Blue Cross of California, et al.*, No. 25CV114607 (Cal. Super. Ct.); *Orange County Global Medical Center, Inc., et al. v. Blue Cross of California, et al.*, No. 25CV114430 (Cal. Super. Ct.); *Alta Los Angeles Hospitals, Inc., et al. v. Blue Cross of California, et al.*, No. 25CV114144 (Cal. Super. Ct.); *WHC Liquidating Trust v. Blue Cross of California, et al.*, No. 25CV114166 (Cal. Super. Ct.); *Stanford Health Care, et al. v. Blue Cross of California, et al.*, No. 25CV114151 (Cal. Super. Ct.); *John Muir Health v. Blue Cross of California d/b/a Anthem Blue Cross*, No. 25CV114149 (Cal. Super. Ct.); *Cottage Clinical Associates, et al. v. Blue Cross of California, et al.*, No. 25CV114152 (Cal. Super. Ct.); *Chinese Hospital Association v. Blue Cross of California dba Anthem Blue Cross, et al.*, No. 25CV113731 (Cal. Super. Ct.); *Regents of the University of California v. Blue Cross of California, et al.*, No. CGC-25-623019 (Cal. Super. Ct.); *Adventist Health System Sunbelt Healthcare Corporate d/b/a AdventHealth, et al. v. Blue Cross Blue Shield Association, et al.*, No. 1:25-cv-02367 (N.D. Ill.); *AmeriTeam Services, LLC, et al. v. Blue Cross and Blue Shield of Alabama, Inc., et al.*, No. 1:25-cv-02295 (N.D. Ill.); *CommonSpirit Health, et al. v. Blue Cross and Blue Shield of Alabama, et al.*, No. 1:25-cv-02296 (N.D. Ill.); *IES Central Texas PLLC et al. v. Blue Cross and Blue Shield of Alabama et al.*, No. 1:25-cv-02267 (N.D. Ill.); *Bon Secours Mercy Health, Inc., et al. v. Blue Cross Blue Shield Association, et al.*, No. 5:25-cv-02231 (N.D. Cal.); *LHHealth, LLC v. Blue Cross Blue Shield Association, et al.*, No. 5:25-cv-01158 (E.D. Pa.); *Temple University Health System, Inc., et al. v. Blue Cross Blue Shield Association, et al.*, No. 5:25-cv-01156 (E.D. Pa.); *Weill Cornell Medicine v. Blue Cross Blue Shield Association et al.*, No. 1:25-cv-02516 (S.D.N.Y.). Elevance Health intends to continue to vigorously defend these provider follow-on cases, which they believe are without merit; however, their ultimate outcome cannot be presently determined.

Medicare Risk Adjustment Litigation

In March 2020, the U.S. Department of Justice ("DOJ") filed a civil lawsuit against Elevance Health, Inc. in the U.S. District Court for the Southern District of New York

NOTES TO FINANCIAL STATEMENTS

(the “District Court”) in a case captioned *United States v. Anthem, Inc.* The DOJ’s suit alleges, among other things, that Elevance Health falsely certified the accuracy of the diagnosis data they submitted to the Centers for Medicare and Medicaid Services (“CMS”) for risk-adjustment purposes under Medicare Part C and knowingly failed to delete inaccurate diagnosis codes. The DOJ further alleges that, as a result of these purported acts, Elevance Health caused CMS to calculate the risk-adjustment payments based on inaccurate diagnosis information, which enabled Elevance Health to obtain unspecified amounts of payments in Medicare funds in violation of the False Claims Act. The DOJ filed an amended complaint in July 2020, alleging the same causes of action but revising some of its factual allegations. In September 2020, Elevance Health filed a motion to transfer the lawsuit to the Southern District of Ohio, a motion to dismiss part of the lawsuit, and a motion to strike certain allegations in the amended complaint, all of which the District Court denied in October 2022. In November 2022, Elevance Health filed an answer. In March 2023, discovery commenced. Fact and expert discovery are ongoing with current completion deadlines of June 30, 2026, and March 8, 2027, respectively. Elevance Health intends to continue to vigorously defend this suit, which they believe is without merit; however, the ultimate outcome cannot be presently determined.

Other Contingencies

From time to time, the Company and certain of its subsidiaries are parties to various legal proceedings, many of which involve claims for coverage encountered in the ordinary course of business. The Company, like Health Maintenance Organizations (“HMOs”) and health insurers generally, exclude certain healthcare and other services from coverage under their HMO, Preferred Provider Organizations and other plans. The Company is, in the ordinary course of business, subject to the claims of their enrollees arising out of decisions to restrict or deny reimbursement for uncovered services. The loss of even one such claim, if it results in a significant punitive damage award, could have a material adverse effect on the Company. In addition, the risk of potential liability under punitive damage theories may increase significantly the difficulty of obtaining reasonable reimbursement of coverage claims.

In addition to the lawsuits described above, the Company is also involved in other pending and threatened litigation of the character incidental to their business and is from time to time involved as a party in various governmental investigations, audits, reviews and administrative proceedings. These investigations, audits, reviews and administrative proceedings include routine and special inquiries by state insurance departments, state attorneys general, the U.S. Attorney General and subcommittees of the U.S. Congress. Such investigations, audits, reviews and administrative proceedings could result in the imposition of civil or criminal fines, penalties, other sanctions and additional rules, regulations or other restrictions on the Company’s business operations. Any liability that may result from any one of these actions, or in the aggregate, could have a material adverse effect on the Company’s consolidated financial position or results of operations.

The Company has no other known material contingencies.

Provisions for uncollectible amounts

At December 31, 2025 and 2024, the Company reported admitted assets of \$8,950,588 and \$27,207,347 respectively, in premium receivables and receivables due from uninsured plans. Based upon the Company’s experience, any uncollectible receivables are not expected to exceed \$1,520,893 that was nonadmitted at December 31, 2025; therefore, no additional provision for uncollectible amounts has been recorded. The potential for any additional loss is not believed to be material to the Company’s financial condition.

NOTES TO FINANCIAL STATEMENTS

15. Leases

A. Lessee Operating Lease

(1) The Company leases office space, office equipment, EDP equipment, and software under various noncancelable operating leases. Certain leases have the right to renew. There are no escalation clauses for any lease. Related lease expense for 2025 and 2024 was \$755,593 and \$655,463, respectively.

(2) At December 31, 2025, the minimum aggregate rental commitments are as follows:

	Year Ending December 31	Operating Leases
1	2026	\$ 748,774
2	2027	763,744
3	2028	779,014
4	2029	794,608
5	2030	401,246
6	Thereafter	—
7	Total (sum of 1 through 6)	<u>\$ 3,487,386</u>

(3) The Company has not entered into any material sale-leaseback transactions.

B. Lessor Leases

(1) The Company has not entered into any operating leases as a lessor.

(2) The Company has not entered into any leveraged leases.

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

The Company has no significant financial instruments with off-balance sheet risk.

Financial instruments that potentially subject the Company to concentrations of credit risk consist primarily of investment securities. All investment securities are managed by professional investment managers within policies authorized by the board of directors. Such policies limit the amounts that may be invested in any one issuer and prescribe certain investee company criteria. As of December 31, 2025, there were no significant concentrations.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales

Not applicable at December 31, 2025 and 2024.

B. Transfer and Servicing of Financial Assets

(1) The Company participates in a securities lending program whereby marketable securities in its investment portfolio are transferred to independent brokers or dealers. At December 31, 2025 the fair value of securities loaned was \$10,001,484 and the carrying value of securities loaned was \$9,778,197.

(2) - (7) Not applicable.

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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 December 31, 2025 and 2024, 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

The gain or (loss) from operations from ASO uninsured plans and the uninsured portion of partially insured plans during 2025 was:

	ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a. Net reimbursement for administrative expenses (including administrative fees) in excess of (less than) actual expenses	\$ —	\$ 2,141,282	\$ 2,141,282
b. Total net other income or expenses (including interest paid to or received from plans)	—	—	—
c. Net gain or (loss) from operations	\$ —	\$ 2,141,282	\$ 2,141,282
d. Total claim payment volume	\$ —	\$ 32,176,155	\$ 32,176,155

B. Administrative Services Contract ("ASC") Plans

The gain or (loss) from operations from ASC uninsured plans and the uninsured portion of partially insured plans during 2025 was:

	ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASC
a. Gross reimbursement for medical cost incurred	\$ 4,931,647	\$ —	\$ 4,931,647
b. Gross administrative fees accrued	—	—	—
c. Other income or expenses (including interest paid to or received from plans)	—	—	—
d. Gross expenses incurred (claims and administrative)	\$ 4,931,647	\$ —	\$ 4,931,647
e. Total gain or (loss) from operations	\$ —	\$ —	\$ —

C. Medicare or Other Similarly Structured Cost-Based Reimbursement Contract

- (1) The Company does not record revenue explicitly attributable to the cost share and reinsurance components of administered Medicare.

(2)	Receivable from	Related to	2025	2024
	Uninsured plans	Uninsured business, not including pharmaceutical rebate or provider receivables	\$ 3,539,788	\$ 2,837,019

- (3) As no revenue is recorded in connection with the cost share and reinsurance components of the Company’s Medicare or similarly structured cost-based reimbursement arrangements, the Company has recorded no allowances and reserves for the adjustment of recorded revenues and receivables.

NOTES TO FINANCIAL STATEMENTS

(4) The Company has made no adjustment to revenue resulting from the audit of cost-reimbursement receivables related to revenues recorded in the prior period.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No premiums were written by managing general agents or third party administrators during the years ended December 31, 2025 and 2024.

20. Fair Value Measurements

A.

(1) Fair Value Measurements at Reporting Date:

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Bonds					
Issuer credit obligations	\$ —	\$ 479,356	\$ —	\$ —	\$ 479,356
Total bonds	\$ —	\$ 479,356	\$ —	\$ —	\$ 479,356
Total assets at fair value/NAV	\$ —	\$ 479,356	\$ —	\$ —	\$ 479,356

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

There are no investments in Level 3 as of December 31, 2025 and 2024.

(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.

NOTES TO FINANCIAL STATEMENTS

B. Fair Value Measurements Under Other Accounting Pronouncements

Not applicable at December 31, 2025 and 2024.

C. Financial Instruments

At December 31, 2025, the Company’s subprime mortgage-related risk exposure is detailed below:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Issuer credit obligations	\$ 159,221,672	\$ 159,905,333	\$ —	\$ 159,221,672	\$ —	\$ —	\$ —
Asset-backed securities	83,831,900	84,896,095	—	83,831,900	—	—	—
Securities lending collateral asset	10,228,841	10,225,220	—	10,228,841	—	—	—

D. Not Practicable to Estimate Fair Value

There are no financial instruments that were not practicable to estimate fair value.

E. Investments Measured at Net Asset Value

The Company has no investments measured at net asset value.

21. Other Items

A. Unusual or Infrequent Items

Not applicable at December 31, 2025 and 2024.

B. Troubled Debt Restructuring: Debtors

Not applicable at December 31, 2025 and 2024.

C. Other Disclosures

The Company has had a contract with Centers for Medicare & Medicaid Services (“CMS”) to provide health care services through a network of healthcare providers to Medicare enrollees in the Greater New York Metropolitan area and select upstate counties. Effective January 1, 2025, this contract was novated to another Elevance Health affiliate, Anthem HP, LLC.

D. Business Interruption Insurance Recoveries

The Company has reported no recoveries for business interruption for the years ended December 31, 2025 and 2024.

E. State and Federal Tax Credits

The Company did not have state or federal tax credits at December 31, 2025 and 2024.

F. Subprime Mortgage-Related Risk Exposure

(1) The Company’s investment strategy of providing safety and preservation of capital, sufficient liquidity to meet cash flow requirements and the attainment of a competitive after-tax investment return is supported by a well diversified portfolio consisting of many different types of investments. The portion of the Company’s investment portfolio with subprime mortgage-related risk exposure is relatively small in comparison to the overall investment portfolio, and consists mainly of investment

NOTES TO FINANCIAL STATEMENTS

grade securities with no exposure to collateralized debt obligations. All mortgage related investments are monitored closely as part of the quarterly investment review performed by the Elevance Health Investment Impairment Review Committee.

- (2) The Company did not carry investments in subprime mortgage loans in its portfolio at December 31, 2025 or 2024.
- (3) At December 31, 2025, the Company’s subprime mortgage-related risk exposure is detailed below:

	Actual Cost	Book/ Adjusted Carrying Value (excluding interest)	Fair Value	Other-Than-Temporary Impairment Losses Recognized
a. Asset-backed securities	\$ 1,350,743	\$ 1,372,759	\$ 1,432,836	\$ —
b. Collateralized loan obligations	—	—	—	—
c. Equity investments in SCAs*	—	—	—	—
d. Other assets	—	—	—	—
e. Total	\$ 1,350,743	\$ 1,372,759	\$ 1,432,836	\$ —

* The Company’s subsidiary no has investments in subprime mortgages. These investments comprise 0% of the companies invested assets.

- (4) The Company did not underwrite Mortgage Guaranty or Financial Guaranty insurance coverage at December 31, 2025 or 2024.

G. Retained Assets

The Company does not have retained assets at December 31, 2025 and 2024.

H. Insurance-Linked Securities Contracts

Not applicable.

I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy

Not applicable.

22. Events Subsequent

Subsequent events have been considered through March 27, 2026 for the statutory statement issued on March 30, 2026. There were no events occurring subsequent to December 31, 2025 requiring recognition or disclosure.

NOTES TO FINANCIAL STATEMENTS

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 - General Interrogatories

- (1) Are any of the reinsurers that are listed in Schedule S as non-affiliated owned in excess of 10% or controlled, either directly or indirectly, by the Company or by any representative, officer, trustee, or director of the Company?

Yes () No (X)

If yes, give full details.

- (2) Have any policies issued by the Company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled, directly or indirectly, by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes () No (X)

If yes, give full details.

Section 2 - Ceded Reinsurance Report - Part A

- (1) Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes () No (X)

If yes, give full details.

- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)

If yes, give full details.

Section 3 - Ceded Reinsurance Report - Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate.

\$0

- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in

NOTES TO FINANCIAL STATEMENTS

force or which had existing reserves established by the Company as of the effective date of the agreement?

Yes () No (X)

If yes, give full details.

B. Uncollectible Reinsurance

The Company has no uncollectible reinsurance at December 31, 2025 and 2024.

C. Commutation of Ceded Reinsurance

The Company has not commuted ceded reinsurance during 2025 and 2024.

D. Certified Reinsurer Rating Downgraded or Status Subject Revocation

The Company has no downgraded certified reinsurer ratings or status subject to revocations during 2025 and 2024.

E. Reinsurance Credit

(1) Not applicable.

(2) Not applicable.

(3) Not applicable.

(4) Not applicable.

(5) Not applicable.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. The Company sells accident and health policies for which the premiums vary based on loss experience. The Company estimates retrospective premium adjustments through the review of each retrospectively rated account, comparing the claim development with that anticipated in the policy contracts.

B. The Company records accrued retrospective premium as an adjustment to earned premium.

C. The amount of net premiums written by the Company at December 31, 2025 and 2024 that were subject to retrospective rating features was \$16,152,938 and \$550,766,040, respectively, which represented 100.0% and 100.0%, respectively, of the total net premiums written.

D. In accordance with the NAIC SAP, medical loss ratio rebates in accordance with the Federal 2010 Patient Protection and Affordable Care Act and Public Health Service Act ("ACA Act" or "ACA"), are to be reported in accordance with SSAP No. 66 - *Retrospectively Rated Contracts* ("SSAP No. 66"). A retrospectively rated contract is one that has the final policy premium calculated based on the loss experience of the insured during the term of the policy (including loss development after the term of the policy) and the stipulated formula set forth in the policy, or in the case of medical loss ratio rebates, a formula required by law. The Company based the incurred and unpaid liability amounts reported below based on its underwriting experience; actuarial, tax, and accounting estimates and assumptions at the financial statement date; as well as regulations and guidance available that is not final and subject to change prior to settlement. Accordingly,

NOTES TO FINANCIAL STATEMENTS

the Company’s use of estimates and assumptions in the preparation of the statutory based financial statements and related footnote disclosures may differ from actual results. Hence, the amounts reported herein are for financial reporting purposes solely and not intended to be used for settlement purposes.

Medical loss ratio rebates accrued pursuant to the ACA Act are as follows:

	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Year Reporting:					
(1) Medical loss ratio rebates incurred	\$ —	\$ —	\$ —	\$ —	\$ —
(2) Medical loss ratio rebates paid	—	—	—	—	—
(3) Medical loss ratio rebates unpaid	—	—	—	—	—
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	—
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	—
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ —
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$ —	\$ —	\$ 911,769	\$ —	\$ 911,769
(8) Medical loss ratio rebates paid	—	—	—	—	—
(9) Medical loss ratio rebates unpaid	—	—	911,769	—	911,769
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	—
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	—
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ 911,769

E. Risk-Sharing Provisions of the 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)?	Yes
(2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year	
a. Permanent ACA Risk Adjustment Program	
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)	\$ —
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ —
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premiums)	\$ 255
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/ collected) due to ACA Risk Adjustment	\$ 21,054
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ —
Line items where the amount is zero is due to no balance and/or no activity as of the reporting date.	

NOTES TO FINANCIAL STATEMENTS

(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.

Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date									
				Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)								
											1	2	3	4	5	6	7	8	9	10
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)								
a. Permanent ACA Risk Adjustment Program																		
1. Premium adjustments receivable (including high risk pool payments)																		
\$	—	\$	—	\$	—	\$	—	\$	—	\$	—	A	\$	—	\$	—		
2. Premium adjustments (payable) (including high risk pool premiums)																		
\$	—	\$	21,309	\$	—	\$	—	\$	21,309	\$	—	\$	(21,309)	B	\$	—	\$	—
3. Total ACA Permanent Risk Adjustment Program																		
\$	—	\$	21,309	\$	—	\$	—	\$	21,309	\$	—	\$	(21,309)		\$	—	\$	—
Explanations of Adjustments																		
A Not applicable.																		
B Adjustments were made to reflect the ending balance in the Centers for Medicare & Medicaid Services "Summary Report on Permanent Risk Adjustment Transfers for the 2024 Benefit Year."																		

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 increased by \$2,700,447 during 2025. This is approximately 3.4% of unpaid claims and claim adjustment expenses, net of healthcare receivables, of \$78,600,916 as of December 31, 2024. The deficiency reflects the increases 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 2025. 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 at December 31, 2025 and 2024.

27. Structured Settlements

Not applicable at December 31, 2025 and 2024.

NOTES TO FINANCIAL STATEMENTS

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2025	\$ 763,865	\$ 2,608,142	\$ 1,844,277	\$ —	\$ —
9/30/2025	832,763	1,767,433	1,528,086	—	—
6/30/2025	1,389,935	1,297,351	1,364,627	(67,276)	—
3/31/2025	—	(2,875)	(292,777)	289,902	—
12/31/2024	4,653,239	13,130,376	12,872,530	257,846	—
9/30/2024	4,393,035	13,742,533	13,553,626	188,907	—
6/30/2024	4,191,771	13,411,621	13,219,854	191,767	—
3/31/2024	3,490,012	12,241,122	11,987,582	253,540	—
12/31/2023	4,514,380	13,785,350	13,443,743	341,607	—
9/30/2023	4,640,044	14,594,965	14,231,956	363,010	—
6/30/2023	5,242,054	14,572,601	14,211,163	361,438	—
3/31/2023	5,930,779	13,673,017	13,122,800	550,216	—

Note: Amounts within column "Estimated pharmacy rebates as reported on financial statements" include \$89,245 of uninsured admitted pharmacy rebate receivables at December 31, 2025 that are reported within Pg 2, Ln 17 "Amounts receivable relating to uninsured plans."

B. Risk Sharing Receivables

Not applicable at December 31, 2025 and 2024.

C. Medicare Prescription Payment Plan Receivables

- (1) Amounts included in other health care receivables which are recoverable from participants in Medicare Part D Prescription Payment Plan for the current reporting period \$ 4,425.
- (2) Aging of other health care receivables which are due from participant in Medicare Part D Prescription Payment Plan.

Name of Plan	1	2	3	4	5	6	7
	Current Period Gross*	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Medicare Prescription Payment Plan Recoverables	\$ 5,373	\$ 3,996	\$ 227	\$ 202	\$ 948	\$ 948	\$ 4,425

• represents the Assets Page Column 1, included within Line 24 before nonadmission

- (3) Incurred claims expense includes write-offs of impaired Medicare Prescription Payment Plan receivables of \$0 for 2025.

29. Participating Policies

Not applicable at December 31, 2025 and 2024.

NOTES TO FINANCIAL STATEMENTS

30. Premium Deficiency Reserves

The Company had no liabilities related to premium deficiency reserves as of December 31, 2025 and 2024.

31. Anticipated Salvage and Subrogation

The Company took into account estimated anticipated subrogation and other recoveries in its determination of the liability for unpaid claims and reduced the liability by \$16,168 and \$232,533 at December 31, 2025 and 2024, respectively.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

Yes [X] No []

1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes [X] No [] N/A []

1.3

State Regulating?

New York

1.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [X] No []

1.5

If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

0001156039

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [] No [X]

2.2

If yes, date of change:

3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2022

3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2022

3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

06/24/2024

3.4

By what department or departments?
New York State Department of Financial Services

3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [] No [] N/A [X]

3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [X] No [] N/A []

4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business?
4.12 renewals?

Yes [] No [X]
Yes [] No [X]

4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business?
4.22 renewals?

Yes [] No [X]
Yes [] No [X]

5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
If yes, complete and file the merger history data file with the NAIC.

Yes [] No [X]

5.2

If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [] No [X]

6.2

If yes, give full information
.....

7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes [] No [X]

7.2

If yes,
7.21 State the percentage of foreign control %
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

- 8.1

Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board?

Yes [] No [X]
- 8.2

If the response to 8.1 is yes, please identify the name of the DIHC.
.....
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [] No [X]
- 8.4

If response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
.....					

- 8.5

Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company?

Yes [] No [X]
- 8.6

If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule?

Yes [] No [X] N/A []
9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? Ernst & Young, 835 N College Ave Suite 1125, Indianapolis 46202
- 10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes [] No [X]
- 10.2

If the response to 10.1 is yes, provide information related to this exemption:
.....
- 10.3

Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes [] No [X]
- 10.4

If the response to 10.3 is yes, provide information related to this exemption:
.....
- 10.5

Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes [X] No [] N/A []
- 10.6

If the response to 10.5 is no or n/a, please explain.
.....
11.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Brandon Sanchez, FSA, MAAA, Associate Actuary (employee): One Penn Plaza, 35th & 36th floor, New York, NY, 10019
- 12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes [] No [X]
- 12.11

Name of real estate holding company ...
- 12.12

Number of parcels involved
- 12.13

Total book/adjusted carrying value

\$
- 12.2

If yes, provide explanation
.....
13.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1

What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
.....
- 13.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes [] No []
- 13.3

Have there been any changes made to any of the trust indentures during the year?

Yes [] No []
- 13.4

If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes [] No [] N/A []
- 14.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes [X] No []
- a.

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b.

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c.

Compliance with applicable governmental laws, rules and regulations;
- 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.
- 14.11

If the response to 14.1 is No, please explain:
.....
- 14.2

Has the code of ethics for senior managers been amended?

Yes [X] No []
- 14.21

If the response to 14.2 is yes, provide information related to amendment(s).
1.Added a new section on mobile devices, stating that Elevance Health has the right to physically access any personal device used for company business to inspect, review, and collect company information.2.Strengthened language on secondary employment, emphasizing its potential to distract from associates' primary responsibilities and misappropriate compensation from Elevance Health. This also includes a reminder about conducting secondary employment/external activities such as freelancing, public speaking, and contributions to external publications.3.Introduced a new section on the Enterprise Firewall policy to ensure the proper use and disclosure of Competitively Sensitive Information within the Elevance Health family of companies 4.Included a Q&A on conference fees and clarified that all cash gifts must be declined. 5.Added language mandating that all Artificial Intelligence, machine learning, and large language models must be developed and/or used in accordance with the Enterprise AI policy. 6.Revised sections of the Code to comply with Section 508 of the Rehabilitation Act, ensuring individuals with disabilities have equal access to electronic information and data comparable to those without disabilities.
- 14.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]
- 14.31

If the response to 14.3 is yes, provide the nature of any waiver(s).
.....

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?

Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?

Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?

Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers.....\$0

20.12 To stockholders not officers.....\$0

20.13 Trustees, supreme or grand (Fraternal Only)\$0
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers.....\$0

20.22 To stockholders not officers.....\$0

20.23 Trustees, supreme or grand (Fraternal Only)\$0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?

Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others.....\$

21.22 Borrowed from others.....\$

21.23 Leased from others\$

21.24 Other\$
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?

Yes [X] No []
- 22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment \$ 119,090

22.22 Amount paid as expenses\$

22.23 Other amounts paid\$
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [] No [X]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:\$
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days?

Yes [] No [X]
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)

INVESTMENT

- 25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03).....

Yes [X] No []

GENERAL INTERROGATORIES

25.02 If no, give full and complete information, relating thereto

25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
See Notes 5E and 17.

25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$ 10,225,220

25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$

25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [X] No [] N/A []

25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [X] No [] N/A []

25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [X] No [] N/A []

25.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:

25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 10,228,841

25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 10,225,220

25.093 Total payable for securities lending reported on the liability page \$ 10,225,220

26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). Yes [X] No []

26.2 If yes, state the amount thereof at December 31 of the current year:

26.21 Subject to repurchase agreements \$ 0

26.22 Subject to reverse repurchase agreements \$ 0

26.23 Subject to dollar repurchase agreements \$ 0

26.24 Subject to reverse dollar repurchase agreements \$ 0

26.25 Placed under option agreements \$ 0

26.26 Letter stock or securities restricted as to sale -
excluding FHLB Capital Stock \$ 0

26.27 FHLB Capital Stock \$ 0

26.28 On deposit with states \$ 30,502,068

26.29 On deposit with other regulatory bodies \$ 0

26.30 Pledged as collateral - excluding collateral pledged to
an FHLB \$ 0

26.31 Pledged as collateral to FHLB - including assets
backing funding agreements \$ 0

26.32 Other \$ 0

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A []
If no, attach a description with this statement.

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [] No [X]

27.4 If the response to 27.3 is YES, does the reporting entity utilize:

27.41 Special accounting provision of SSAP No. 108 Yes [] No []

27.42 Permitted accounting practice Yes [] No []

27.43 Other accounting guidance Yes [] No []

27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:

The reporting entity has obtained explicit approval from the domiciliary state.

Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.

Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.

Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

28.2 If yes, state the amount thereof at December 31 of the current year. \$

29. Excluding items in Schedule E, Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

29.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
JP Morgan Chase Bank, N.A	383 Madison Ave, New York, NY 10179

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Anthem HealthChoice HMO, Inc.

GENERAL INTERROGATORIES

29.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?..... Yes [] No [X]

29.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

29.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. This includes both primary and sub-advisors. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Elevance Health, Inc.	I.....
Loomis, Sayles & Company, LP	U.....
Mackay Shields LLC	U.....

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [X] No [] N/A []

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [X] No [] N/A []

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Registered With	4 Investment Management Agreement (IMA) Filed
105377	Loomis, Sayles & Company, LP	Securities Exchange Commission	NO.....
107717	Mackay Shields LLC	Securities Exchange Commission	NO.....

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? Yes [] No [X]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 - Total		0

30.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Anthem HealthChoice HMO, Inc.

GENERAL INTERROGATORIES

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Issuer Credit Obligations	159,905,333	159,221,672	(683,661)
31.2 Asset-Backed Securities	84,896,095	83,831,900	(1,064,195)
31.3 Preferred stocks	0		0
31.4 Totals	244,801,428	243,053,572	(1,747,856)

31.5 Describe the sources or methods utilized in determining the fair values:
Fair values were obtained from third-party pricing sources. If a security was not priced by a third-party pricing source, internal analytical systems or broker quotes were utilized.

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
.....

33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []

33.2 If no, list exceptions:
.....

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:
a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
b. Issuer or obligor is current on all contracted interest and principal payments.
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
Has the reporting entity self-designated 5GI securities? Yes [] No [X]

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:
a. The security was either:
i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.
Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual? Yes [] No [X]

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
a. The shares were purchased prior to January 1, 2019.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
d. The fund only or predominantly holds bonds in its portfolio.
e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:
a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.
Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [] No [X] N/A []

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Anthem HealthChoice HMO, Inc.

GENERAL INTERROGATORIES

- 38.1 Does the reporting entity directly hold cryptocurrencies? Yes [] No [X]
- 38.2 If the response to 38.1 is yes, on what schedule are they reported?
-
- 39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? Yes [] No [X]
- 39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?
39.21 Held directly Yes [] No []
39.22 Immediately converted to U.S. dollars Yes [] No []
- 39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1	2	3
Name of Cryptocurrency	Immediately Converted to USD, Directly Held, or Both	Accepted for Payment of Premiums

OTHER

- 40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$ 32,367
- 40.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations, and statistical or rating bureaus during the period covered by this statement.
- | 1 | 2 |
|--|--------------|
| Name | Amount Paid |
| Blue Cross Blue Shield Association | 32,367 |
| | |
- 41.1 Amount of payments for legal expenses, if any?\$ 22,488
- 41.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.
- | 1 | 2 |
|------|-------------|
| Name | Amount Paid |
| | |
| | |
- 42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any?\$ 2,465
- 42.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1	2
Name	Amount Paid
Hinman Straub	 2,047
Lobbying expenses disclosed reflect amounts reported in the Lobbyist Disclosure Reports filed with the Secretary of State as well as the cost of external contractors who provided lobbying services to the Company. The amount may include expenses that may have been paid by an affiliate on behalf of the Company and, as a result, may not be included in the Underwriting Gain reported on page 4 of the 2025 Annual Statement.	

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [] No [X]

1.2

If yes, indicate premium earned on U.S. business only.

\$

1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$

1.31

Reason for excluding

.....

1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above

\$

1.5

Indicate total incurred claims on all Medicare Supplement Insurance.

\$ 0

1.6

Individual policies:

Most current three years:

1.61

Total premium earned

\$ 0

1.62

Total incurred claims

\$ 0

1.63

Number of covered lives

..... 0

All years prior to most current three years:

1.64

Total premium earned

\$ 0

1.65

Total incurred claims

\$ 0

1.66

Number of covered lives

..... 0

1.7

Group policies:

Most current three years:

1.71

Total premium earned

\$ 0

1.72

Total incurred claims

\$ 0

1.73

Number of covered lives

..... 0

All years prior to most current three years:

1.74

Total premium earned

\$ 0

1.75

Total incurred claims

\$ 0

1.76

Number of covered lives

..... 0

2.

Health Test:

1

Current Year

2

Prior Year

2.1

Premium Numerator

14,553,330

554,219,821

2.2

Premium Denominator

14,553,330

554,219,821

2.3

Premium Ratio (2.1/2.2)

1.000

1.000

2.4

Reserve Numerator

16,621,000

110,107,516

2.5

Reserve Denominator

16,621,000

110,107,516

2.6

Reserve Ratio (2.4/2.5)

1.000

1.000

3.1

Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [] No [X]

3.2

If yes, give particulars:

.....

4.1

Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes [X] No []

4.2

If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes [] No []

5.1

Does the reporting entity have stop-loss reinsurance?

Yes [] No [X]

5.2

If no, explain:
The Company retains all risk.

.....

5.3

Maximum retained risk (see instructions)

5.31

Comprehensive Medical

\$ 0

5.32

Medical Only

\$ 0

5.33

Medicare Supplement

\$ 0

5.34

Dental & Vision

\$ 0

5.35

Other Limited Benefit Plan

\$ 0

5.36

Other

\$ 0

6.

Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
If the Company becomes insolvent, Anthem, Inc. has agreed to assume all contractual and financial obligations of the Company. All provider contracts contain appropriate hold harmless provisions.

.....

7.1

Does the reporting entity set up its claim liability for provider services on a service date basis?.....

Yes [X] No []

7.2

If no, give details

.....

8.

Provide the following information regarding participating providers:

8.1

Number of providers at start of reporting year

164,179

8.2

Number of providers at end of reporting year

156,013

9.1

Does the reporting entity have business subject to premium rate guarantees?

Yes [] No [X]

9.2

If yes, direct premium earned:

9.21

Business with rate guarantees between 15-36 months.. \$.....

9.22

Business with rate guarantees over 36 months \$.....

GENERAL INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [X] No []

10.2 If yes:

10.21 Maximum amount payable bonuses.....\$4,934,695

10.22 Amount actually paid for year bonuses.....\$44,236,679

10.23 Maximum amount payable withholds.....\$

10.24 Amount actually paid for year withholds.....\$

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, Yes [] No [X]

11.13 An Individual Practice Association (IPA), or, Yes [] No [X]

11.14 A Mixed Model (combination of above)? Yes [] No [X]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No []

11.3 If yes, show the name of the state requiring such minimum capital and surplus. New York

11.4 If yes, show the amount required. \$ 2,007,625

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [X] No []

11.6 If the amount is calculated, show the calculation

Please see attached Report 16A from the Company's Supplement.

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Albany
Bronx
Clinton
Columbia
Delaware
Dutchess
Essex
Fulton
Greene
Kings
Montgomery
Nassau
New York
Orange
Putnam
Queens
Rensselaer
Richmond
Rockland
Saratoga
Schenectady
Schoharie
Suffolk
Sullivan
Ulster
Warren
Washington
Westchester
.....

13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$

13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

13.4 If yes, please provide the balance of funds administered as of the reporting date. \$

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [] N/A [X]

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
.....						

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Anthem HealthChoice HMO, Inc.

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1 Direct Premium Written \$

15.2 Total Incurred Claims \$

15.3 Number of Covered Lives

*Ordinary Life Insurance Includes
Term(whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary gurarantee)
Universal Life (with or without secondary gurarantee)
Variable Universal Life (with or without secondary gurarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes [] No [X]

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

Yes [] No [X]

REPORT #16A

Calculations Of The Escrow Deposit And Contingent Reserve Health Department Regulation Part 98-1.11(e) and (f)

I. Escrow Deposit

1.	Projected 2025 Hospital and Medical Expenses (12/31/24 NY Supplement, page NY6, In. 16, col. 9).....	7,453,908
2.	Escrow Deposit Requirement (5% of projected 2025 hospital and medical expenses) ^(a)	372,695

(a) Department of Health Regulation 10 NYCRR 98-1.11(f), requires the HMO to establish an escrow account in the form of a trust account with a custodian, for which a deed of trust has been approved by the superintendent. MCO's must include 100% of the projected total medical expenses in the calculation of the 5% escrow requirement that must be on deposit, as of March 31, 2025. The assets that comprise the escrow account should be reported normally in the Balance Sheet, e.g., investments in bonds should be reported on Line 1. Bonds and cash should be reported on Line 5. Cash, Also, details of the account should be reported in the NAIC Health Blank, Schedule E – Part 3, Special Deposits.

II. Contingent Reserve*

1.	Direct Business (NAIC Health Blank, page 8, Underwriting & Investment Part 1 - Premiums, In. 13, col. 1).....	16,152,938
2.	Approved Reinsurance Ceded (Report #16B, col. 2)	
3.	Net Premium Income (Net of approved reinsurance and MCO Tax)	
3.i)	All lines of business EXCEPT:	
	Essential Plan, Medicaid Managed Care, HARP, MLTC Program (Report 16C Line 3.i, Col 3).....	16,060,998
3.ii)	Essential Plan, Medicaid Managed Care, HARP, and HIV SNP programs (Report 16C, Line 3.ii, Col. 3).....	0
3.iii)	MLTC Program (MLTC-Partial, MAP, PACE) (Report 16C, Line 3.iii, Col. 3) (page NY9, In 2.5, col. 37).....	0
4.	Contingent Reserve, not including the 2% Point of Service Contingent Reserve Requirement ^(c)	2,007,625
5.	2% Point of Service Contingent Reserve Requirement ^(c)	0
6.	Total Contingent Reserve (Ins. 4+5 should equal page NY3, In. 30.11, col. 3)	2,007,625
7.	Escrow Deposit, after offset of the Contingent Reserve (Part I., In. 2 less Part II., In. 4; minimum of \$0, should equal page NY3, In. 30.12, col. 3)..	0
8.	Total Minimum Net Worth (Ins. 6+7; should equal page NY3, In. 30.13, col. 3).....	2,007,625

(b) For HMO's certified prior to June 29, 2005, Line 5 equals 12½% of Line 3(i) PLUS 7¼% of Line 3(ii) PLUS 5% of Line 3(iii).

(c) The calculation of the Contingent Reserve must show that the HMO meets the 2% Point of Service Contingent Reserve requirement in addition to the standard contingent reserve requirement of 10 NYCRR 98-1.11(e) if the HMO writes out-of-network coverage for POS contracts aside from individual "standardized" POS contracts.

For HMO's certified after June 29, 2005:

If as of 12/31/2025, the HMO has not been certified for a full calendar year, then Line 4 equals 5% of projected premium revenue for the first full year of calendar year operations, i.e., 5% of Page NY6, Line 2.5, column 9 to which the HMO is to add back reinsurance premiums ceded pursuant to a reinsurance contract that has not been approved by the Department of Financial Services.

If as of 12/31/2025, the HMO has been certified for at least one full calendar year, then Line 4 is determined in accordance with the following schedule:

The provisions below pertain to the contingent reserve for the Essential Plan, Medicaid Managed Care, HARP, HIV SNP, and MLTC Partial Cap (MAP, PACE).

Completed Calendar Years of Operations	Line 4 should include This Percent of the amount of Premium in Line 3(i).	P L U S	For Calendar Year Ending	Line 4 should include the Percent of the amount of Premium in Line 3(ii).	P L U S	Line 4 should include the Percent of the amount of Premium in Line 3(iii).	P L U S	Line 4 should include the Percent of the amount of Premium in Line 3(iv).
1 year	5%		2025	7.25%		5.00%		6.25%
2 years	6.50%		2026	7.25%		5.00%		6.25%
3 years	7.50%		2027	8.25%		5.00%		6.25%
4 years	8.50%		2028	9.25%		5.00%		6.25%
5 years	9.50%		2029	10.25%		5.00%		6.25%
6 years	10.50%		2030	11.25%		5.00%		6.25%
7 years	11.50%		2031	12.5%		5.00%		6.25%
8 or more years	12.50%		After 2031	12.5%		5.00%		6.25%

FIVE-YEAR HISTORICAL DATA

	1 2025	2 2024	3 2023	4 2022	5 2021
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	279,765,015	405,793,033	298,572,114	373,230,702	430,440,262
2. Total liabilities (Page 3, Line 24)	84,532,564	217,115,272	184,919,901	261,759,927	285,360,692
3. Statutory minimum capital and surplus requirement	2,007,625	68,845,755	74,667,337	85,215,761	94,833,398
4. Total capital and surplus (Page 3, Line 33)	195,232,451	188,677,761	113,652,213	111,470,775	145,079,570
Income Statement (Page 4)					
5. Total revenues (Line 8)	14,553,330	554,219,821	596,031,726	680,561,454	755,212,636
6. Total medical and hospital expenses (Line 18)	11,733,679	462,385,859	535,324,637	606,241,540	727,470,444
7. Claims adjustment expenses (Line 20)	1,616,518	16,619,560	22,994,720	29,558,605	45,694,823
8. Total administrative expenses (Line 21)	(166,767)	32,573,646	35,223,620	44,949,912	55,648,901
9. Net underwriting gain (loss) (Line 24)	1,369,900	42,640,756	8,813,117	(6,512,971)	(55,960,836)
10. Net investment gain (loss) (Line 27)	10,631,643	9,753,245	5,424,008	4,152,237	9,028,847
11. Total other income (Lines 28 plus 29)	(172,965)	(485,121)	(207,952)	(356,611)	(519,997)
12. Net income or (loss) (Line 32)	12,090,463	40,829,962	11,751,736	(2,317,119)	(33,487,501)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(69,947,823)	65,968,839	14,701,906	(8,256,067)	(89,273,202)
Risk-Based Capital Analysis					
14. Total adjusted capital	195,232,451	188,677,761	113,652,213	111,470,775	145,079,570
15. Authorized control level risk-based capital	1,861,990	17,231,052	19,922,635	24,128,090	29,215,098
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	7,249	37,090	36,792	44,819	55,885
17. Total members months (Column 6, Line 7)	84,828	457,895	468,322	568,520	708,959
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	80.6	83.4	89.8	89.1	96.3
20. Cost containment expenses	15.6	2.0	2.6	2.8	4.3
21. Other claims adjustment expenses	(4.5)	1.0	1.3	1.6	1.8
22. Total underwriting deductions (Line 23)	90.6	92.3	98.5	101.0	107.4
23. Total underwriting gain (loss) (Line 24)	9.4	7.7	1.5	(1.0)	(7.4)
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	79,835,586	45,241,243	63,099,868	102,192,596	129,559,302
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)]	76,957,535	58,500,766	69,177,440	117,432,318	144,127,431
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 9 + 15, Col. 1)	0				
27. Affiliated preferred stocks (Sch. D Summary, Line 22, Col. 1)					0
28. Affiliated common stocks (Sch. D Summary, Line 28, Col. 1)					0
29. Affiliated mortgage loans on real estate					
30. All other affiliated					
31. Total of above Lines 26 to 30	0	0	0	0	0
32. Total investment in parent included in Lines 26 to 30 above.					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Corrections of Errors? Yes [] No []
If no, please explain:

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Anthem HealthChoice HMO, Inc.

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories											
		1	Direct Business Only								
			2	3	4	5	6	7	8	9	10
States, etc.		Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1.	Alabama	AL	N.....							0	
2.	Alaska	AK	N.....							0	
3.	Arizona	AZ	N.....							0	
4.	Arkansas	AR	N.....							0	
5.	California	CA	N.....							0	
6.	Colorado	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.	Hawaii	HI	N.....							0	
13.	Idaho	ID	N.....							0	
14.	Illinois	IL	N.....							0	
15.	Indiana	IN	N.....							0	
16.	Iowa	IA	N.....							0	
17.	Kansas	KS	N.....							0	
18.	Kentucky	KY	N.....							0	
19.	Louisiana	LA	N.....							0	
20.	Maine	ME	N.....	1,075,946						1,075,946	
21.	Maryland	MD	N.....							0	
22.	Massachusetts	MA	N.....							0	
23.	Michigan	MI	N.....							0	
24.	Minnesota	MN	N.....							0	
25.	Mississippi	MS	N.....							0	
26.	Missouri	MO	N.....							0	
27.	Montana	MT	N.....							0	
28.	Nebraska	NE	N.....							0	
29.	Nevada	NV	N.....							0	
30.	New Hampshire	NH	N.....							0	
31.	New Jersey	NJ	N.....							0	
32.	New Mexico	NM	N.....							0	
33.	New York	NY	L.....	13,997,020	1,079,972					15,076,992	
34.	North Carolina	NC	N.....							0	
35.	North Dakota	ND	N.....							0	
36.	Ohio	OH	N.....							0	
37.	Oklahoma	OK	N.....							0	
38.	Oregon	OR	N.....							0	
39.	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.	Texas	TX	N.....							0	
45.	Utah	UT	N.....							0	
46.	Vermont	VT	N.....							0	
47.	Virginia	VA	N.....							0	
48.	Washington	WA	N.....							0	
49.	West Virginia	WV	N.....							0	
50.	Wisconsin	WI	N.....							0	
51.	Wyoming	WY	N.....							0	
52.	American Samoa	AS	N.....							0	
53.	Guam	GU	N.....							0	
54.	Puerto Rico	PR	N.....							0	
55.	U.S. Virgin Islands ..	VI	N.....							0	
56.	Northern Mariana Islands	MP	N.....							0	
57.	Canada	CAN	N.....							0	
58.	Aggregate other aliens	OT	XXX.....0	0	0	0	0	0	0	0	0
59.	Subtotal	XXX.....	13,997,020	2,155,918	0	0	0	0	0	16,152,938	0
60.	Reporting entity contributions for employee benefit plans	XXX.....								0	
61.	Totals (direct business)	XXX	13,997,020	2,155,918	0	0	0	0	0	16,152,938	0
DETAILS OF WRITE-INS											
58001.	.....	XXX.....									
58002.	.....	XXX.....									
58003.	.....	XXX.....									
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX.....	0	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 1

2. R - Registered - Non-domiciled RRGs..... 0

3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. 0

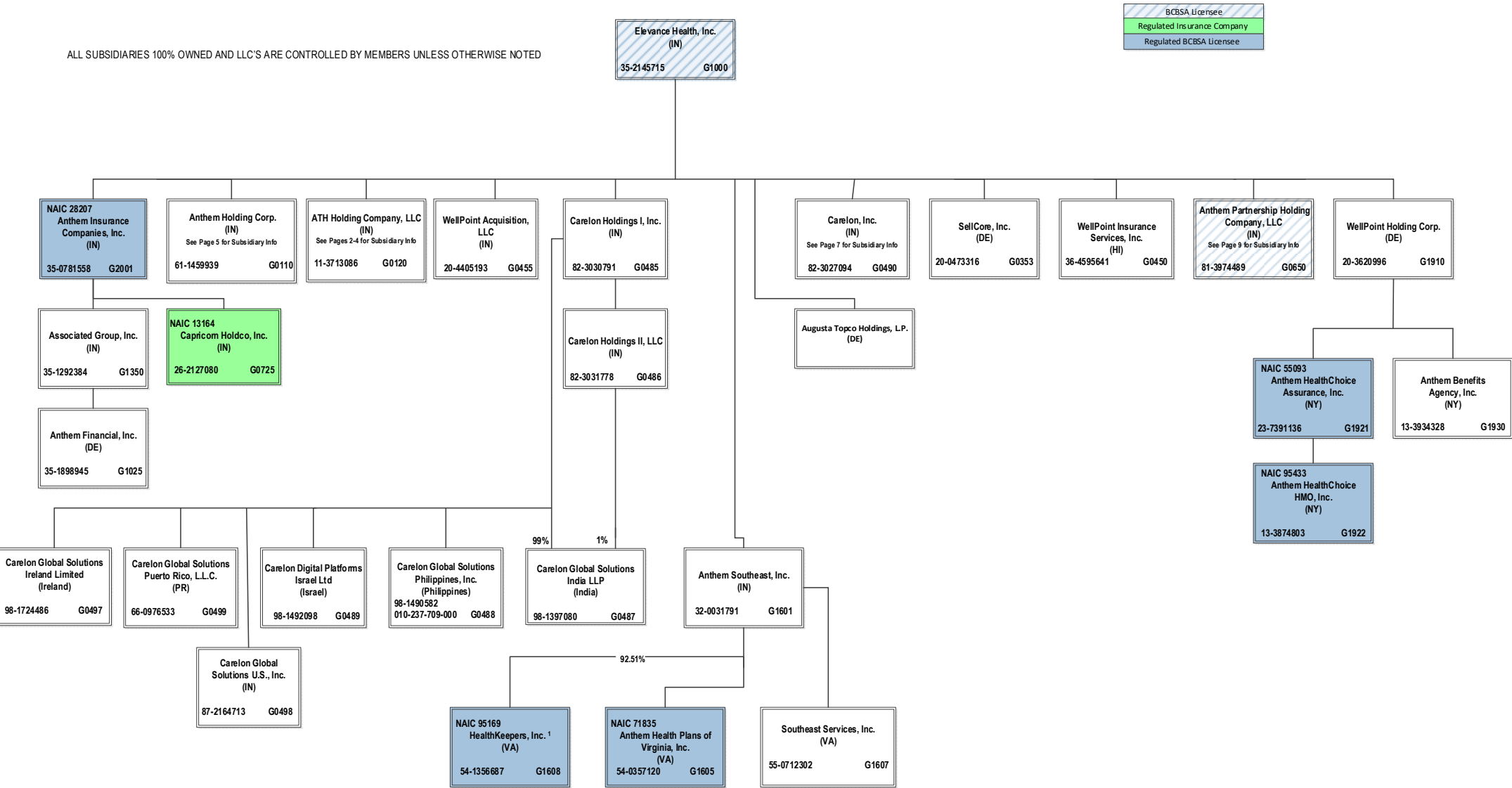
(b) Explanation of basis of allocation by states, premiums by state, etc.

N/A

4. Q - Qualified - Qualified or accredited reinsurer..... 0

5. N - None of the above - Not allowed to write business in the state..... 56

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



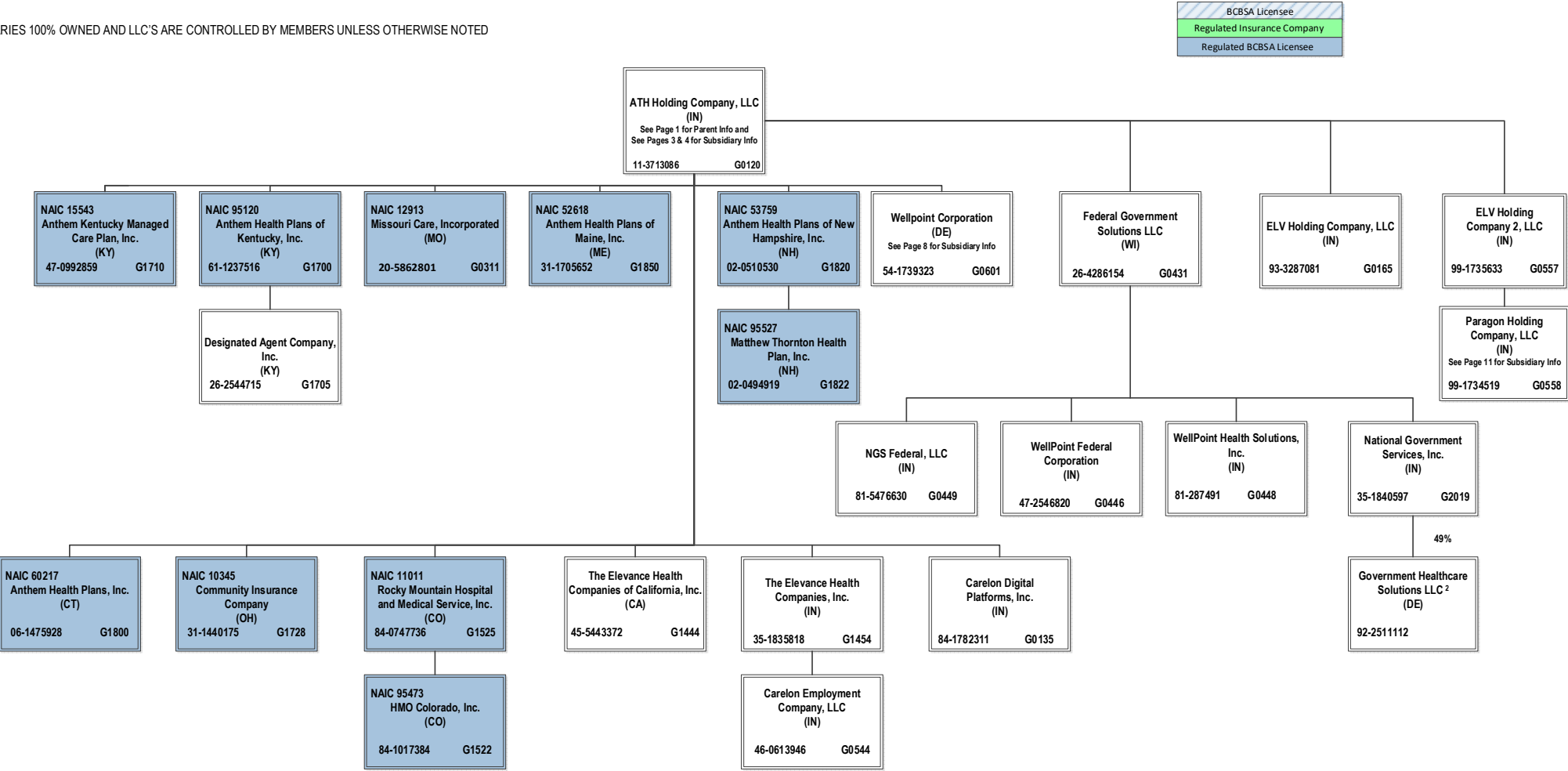
¹ HealthKeepers, Inc. is owned 92.51% by Anthem Southeast, Inc. and 7.49% by Wellpoint National Services, Inc.

Augusta Topco Holdings, L.P. is owned 39.6% by Elevance Health, Inc. and 60.4% by external entities.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

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

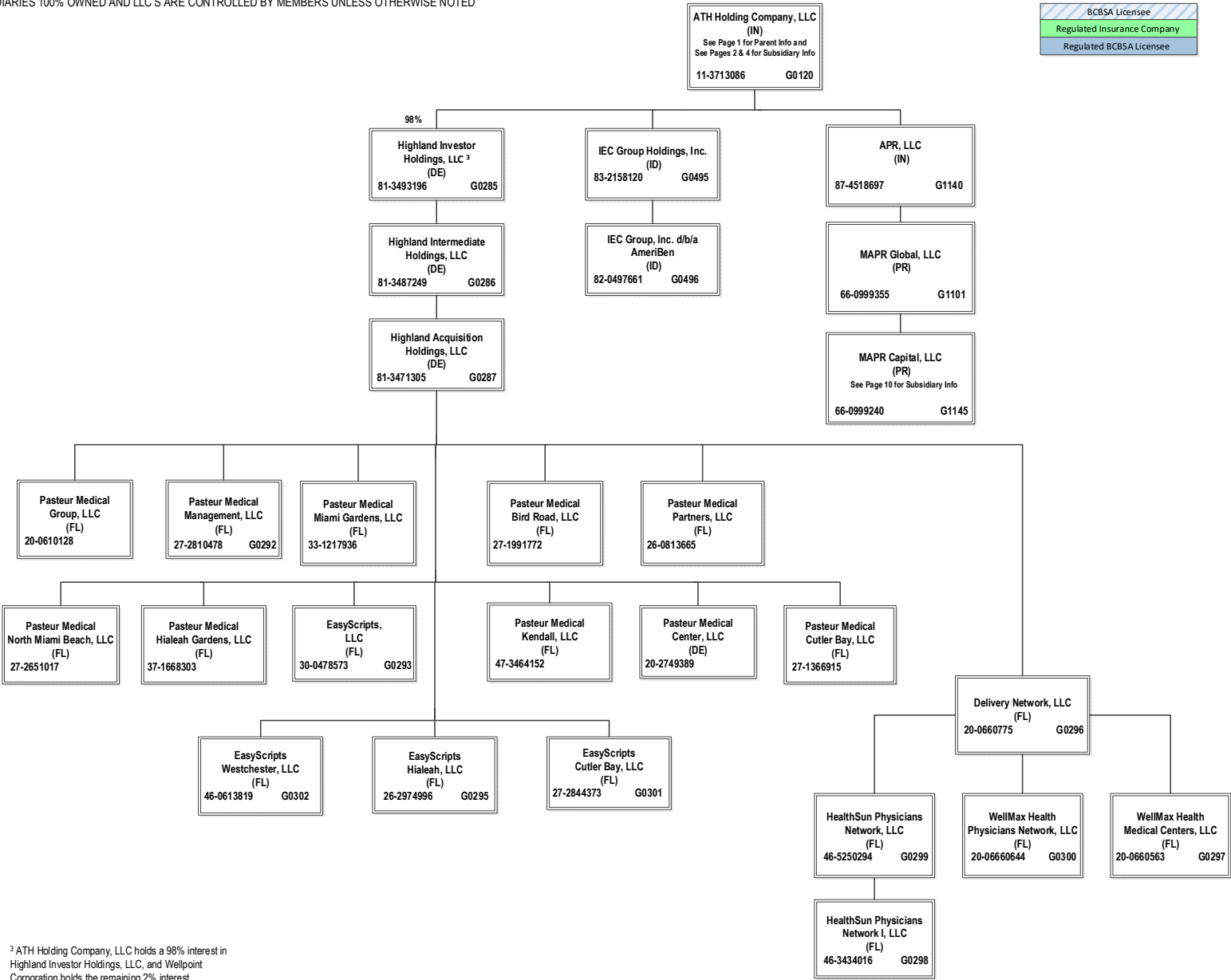


² Government Healthcare Solutions LLC. is a joint venture 49% owned by National Government Services, Inc. and 51% owned by MKS2 LLC (non-affiliate)

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

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

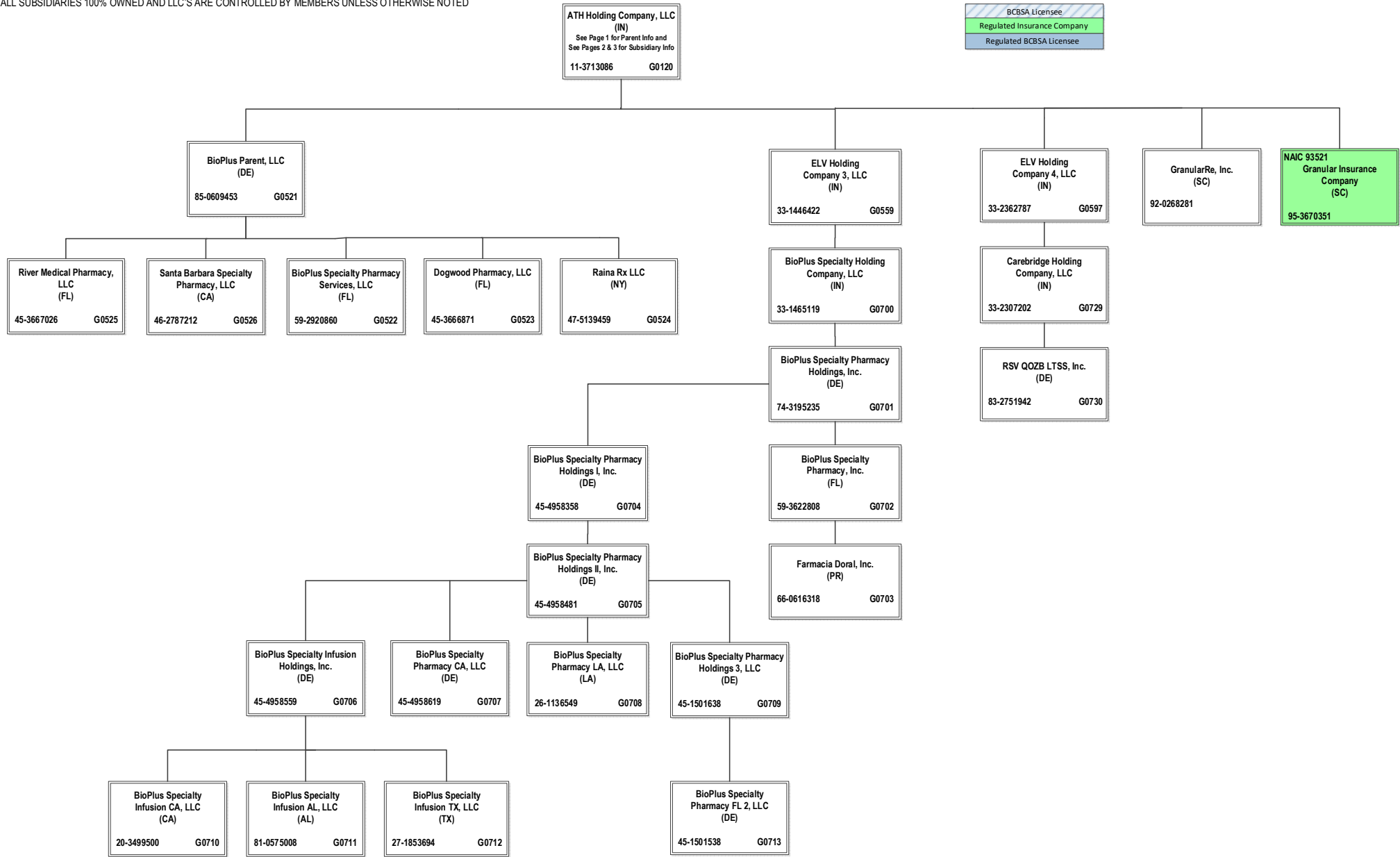


BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee

³ ATH Holding Company, LLC holds a 98% interest in Highland Investor Holdings, LLC, and Wellpoint Corporation holds the remaining 2% interest.

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

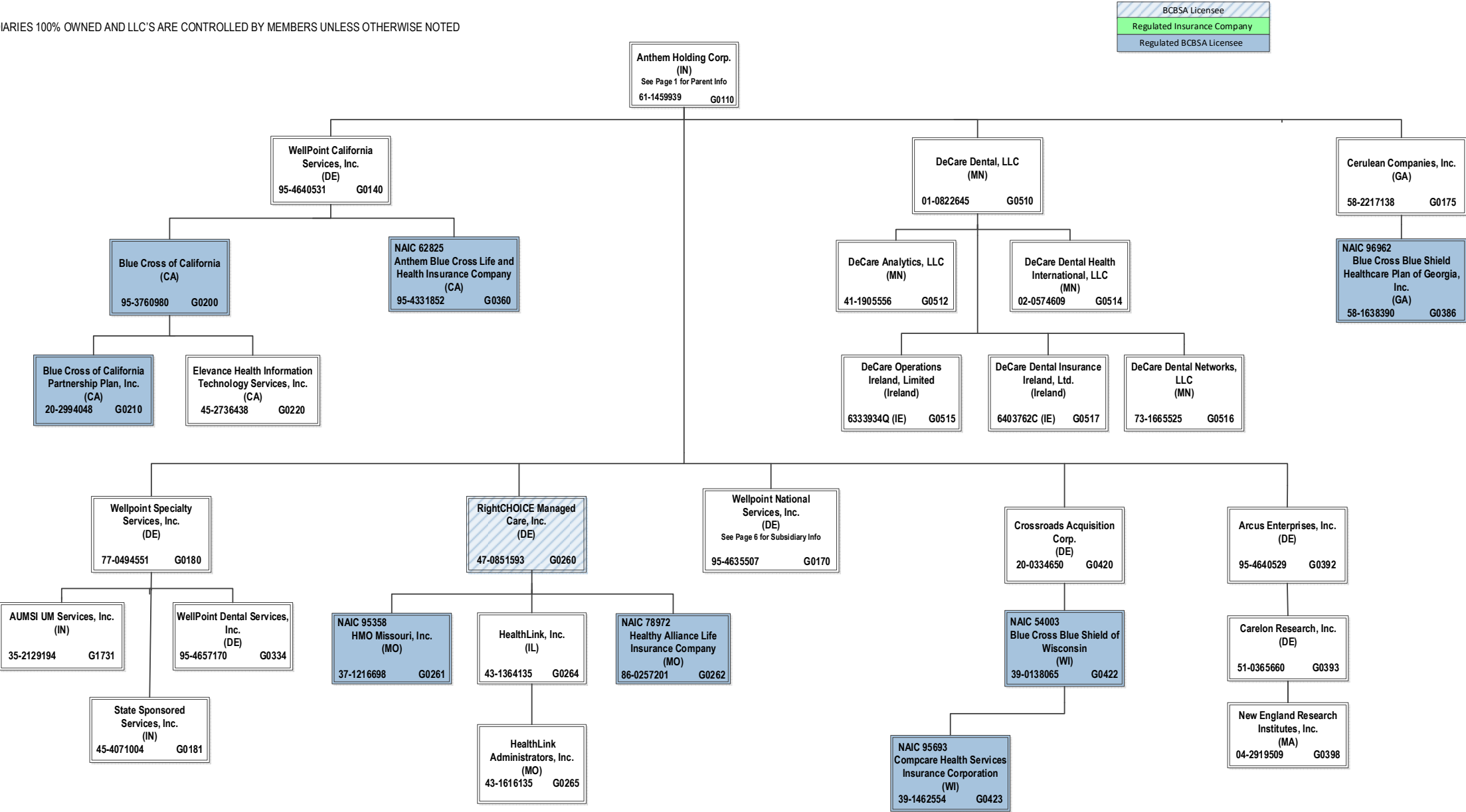
ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED



BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee

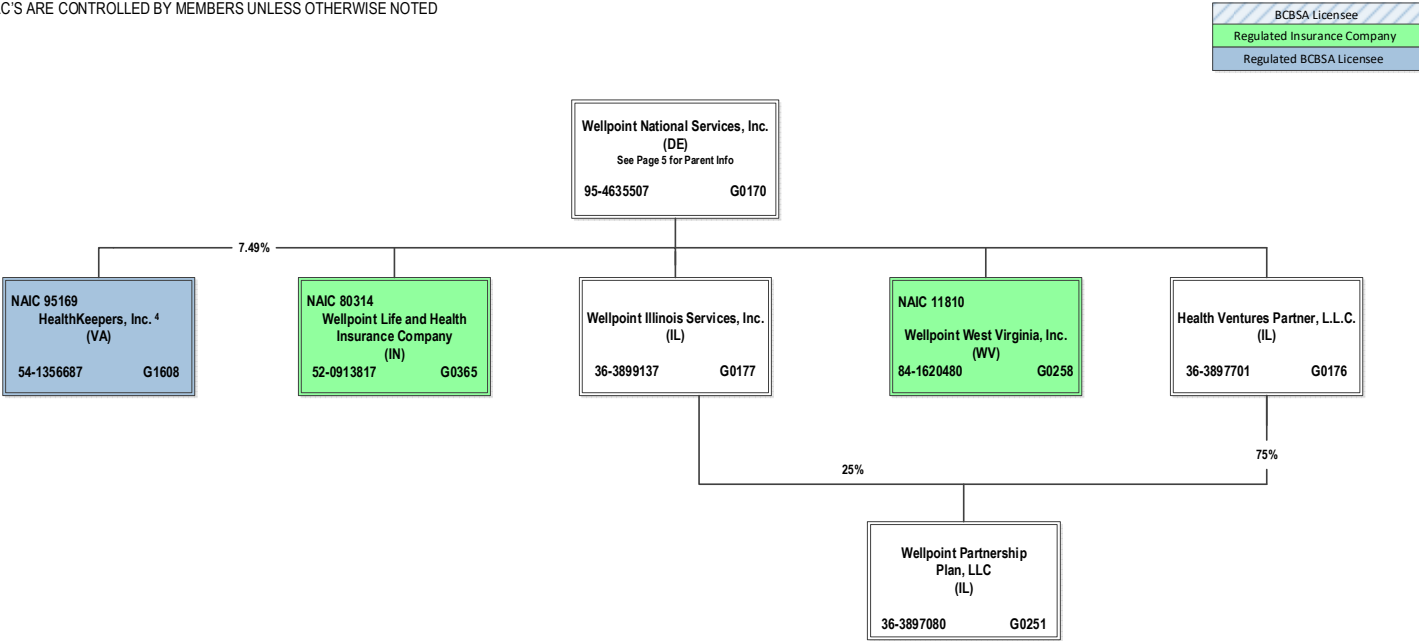
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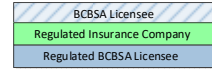


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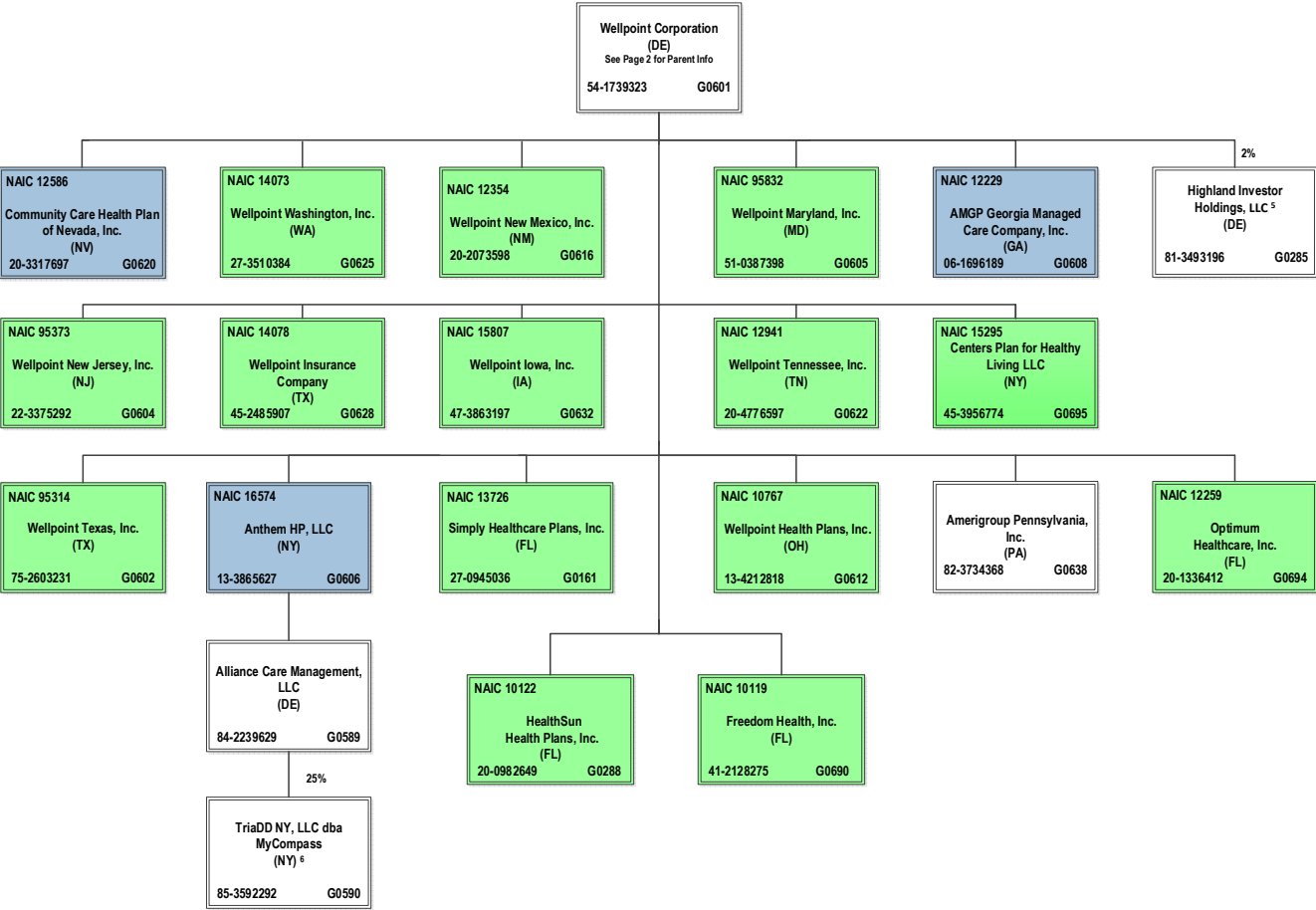
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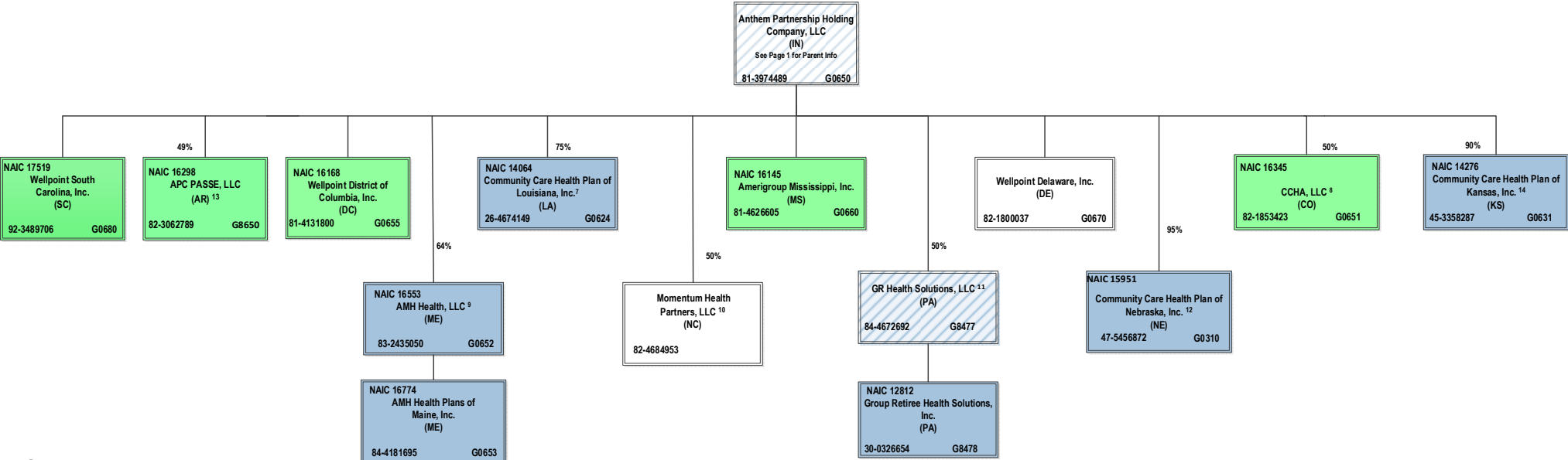


⁵ Wellpoint Corporation holds a 2% interest in Highland Investor Holdings, LLC, and ATH Holding Company, LLC holds the remaining 98% interest.

⁶ TriADD NY, LLC dba MyCompass is 25% owned by Alliance Care Management, LLC and the remaining 75% interest is owned by unaffiliated investors.

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⁷ 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 (non-affiliate)

⁸ 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)

⁹ AMH Health, LLC is a joint venture 36% owned by MaineHealth (non-affiliate) and 64% owned by Anthem Partnership Holding Company, LLC

¹⁰ 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)

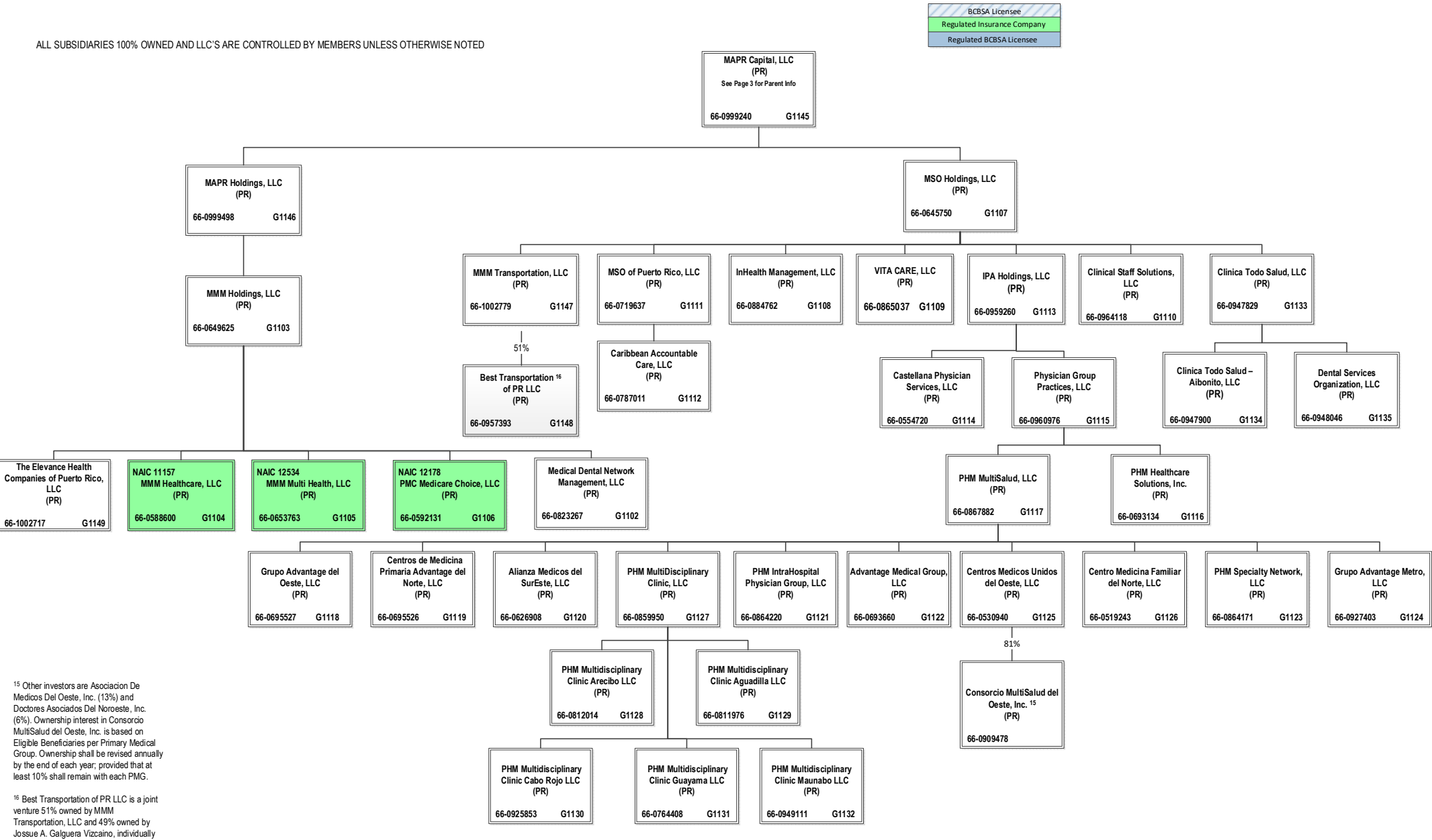
¹¹ GR Health Solutions, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Independence Blue Cross, LLC (non-affiliate)

¹² 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).

¹³ 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).

¹⁴ Community Care Health Plan of Kansas, Inc. is a joint venture 90% owned by Anthem Partnership Holding Company, LLC, 5% owned by Blue Cross Blue Shield of Kansas, Inc. (non-affiliate) and 5% owned by Blue Cross and Blue Shield of Kansas City (non-affiliate).

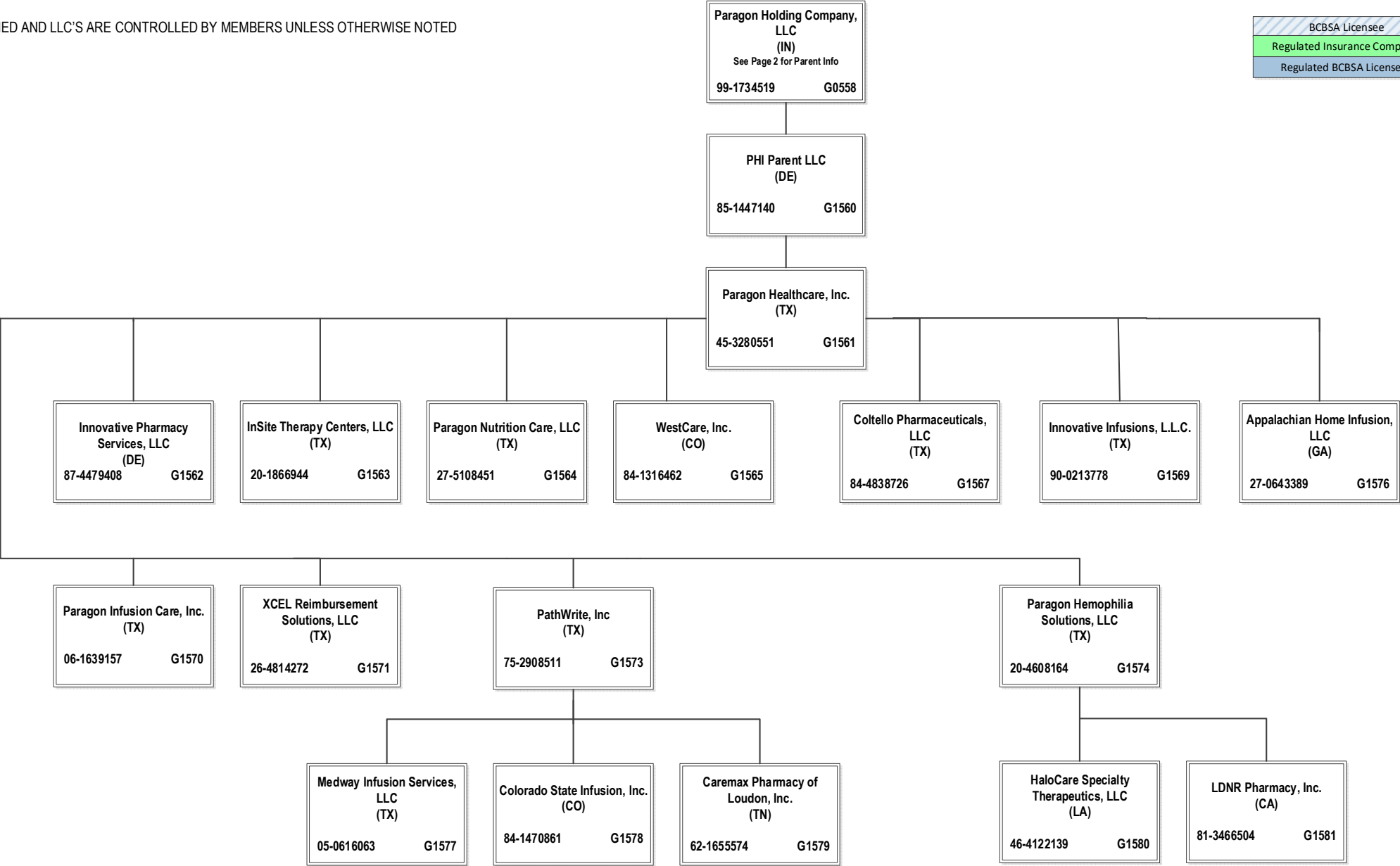
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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Anthem HealthChoice HMO, Inc.

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

		Current Year			Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
2504.	Blue Card program receivables	133,594	25,279	108,315	101,219
2505.	New York assessment			0	149,867
2506.	Premium tax recoverable			0	39,058
2597.	Summary of remaining write-ins for Line 25 from overflow page	133,594	25,279	108,315	290,144