



WellPoint, Inc. 2005 Summary Annual Report

Through the
eyes of the
consumer



As the nation's leading health benefits company, WellPoint serves 34 million consumers nationwide. One in every ten Americans has health coverage through a WellPoint company.

We have the opportunity and the responsibility to make a positive difference in the lives of millions of Americans.

We are working to help them take more control of their health care and better care of themselves.

At WellPoint, we believe that we must see health care from the consumer's point of view. Consumers need affordable quality care. They want a trusted source of health care information and options.

And they are looking for answers that can transform our health care system for the better.

This report begins with a look at WellPoint through the eyes of three of our customers. It then explains how WellPoint is addressing the challenges facing health care by seeing through the eyes of the consumer.

CORPORATE PROFILE

WellPoint, Inc. is the largest commercial health benefits company in terms of membership in the United States. WellPoint is an independent licensee of the Blue Cross and Blue Shield Association in 14 states and also serves medical members across the country through UniCare. For more information about our business, please see page 32.



Through the eyes of the consumer...

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"I didn't realize how valuable our health benefits really are."

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"My employees appreciate customer service people who speak Chinese."

DAVID TAT

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Life is back to normal for Jay and Susie Stapleton after Jay's recovery from major surgery. Because of Jay's medical needs, the Stapletons recognized the value of Anthem Blue Cross and Blue Shield.



“I didn’t realize how valuable our health benefits really are.”

JAY STAPLETON
ANDERSON, INDIANA

As a city councilman in Anderson, Indiana, Paul J. “Jay” Stapleton supported a decision by the city administration to move municipal employees’ health coverage to Anthem Blue Cross and Blue Shield. In the summer of 2005, Jay realized the full value of Anthem Blue Cross and Blue Shield when he had to undergo a major operation. Jay is covered through his wife, Susie, who is the key accounts coordinator for the city utility office.

“It’s the only surgery he’s ever had,” says Susie, who has been married to Jay for 17 years and an Anderson employee for 20 years.

“I didn’t have to worry about the surgery,” Jay said. “My doctor recommended a surgeon right here who’s one of the best in the region, and I was able to go to him.” During months of recovery, Jay was thankful that he never had to deal with financial concerns. “I didn’t realize how valuable our health benefits really are,” he says.

Switching to Anthem Blue Cross and Blue Shield has been good for Anderson, a city of 58,000, because the city government saved over \$2 million in the first year. And city employees have enjoyed lower premiums and improved benefits. In fact, in December 2005 the mayor declared an insurance holiday, covering city employees’ share of premiums so they did not have to pay any premiums that month.

“Susie and I both grew up in Anderson,” says Jay, “and we want to do anything we can to make life better here.” By helping the city provide affordable quality health care for its employees and their families, Anthem Blue Cross and Blue Shield is contributing to a brighter future.



Phil Haas is walking again. During his recovery from serious injuries, Phil and his wife Tonya received support from Glenda Martin, a nurse case manager at Anthem Blue Cross and Blue Shield.

“We really feel that our case manager is on our side.”

TONYA HAAS
BOULDER COUNTY, COLORADO

In March 2005, Philip Haas suffered severe hip and leg injuries in a motorcycle accident. After a month in the hospital, including 14 days in intensive care, Phil still faced months of recovery. Fortunately, Phil’s wife Tonya had medical coverage from Anthem Blue Cross and Blue Shield, and they were assisted by Glenda Martin, a nurse case manager.

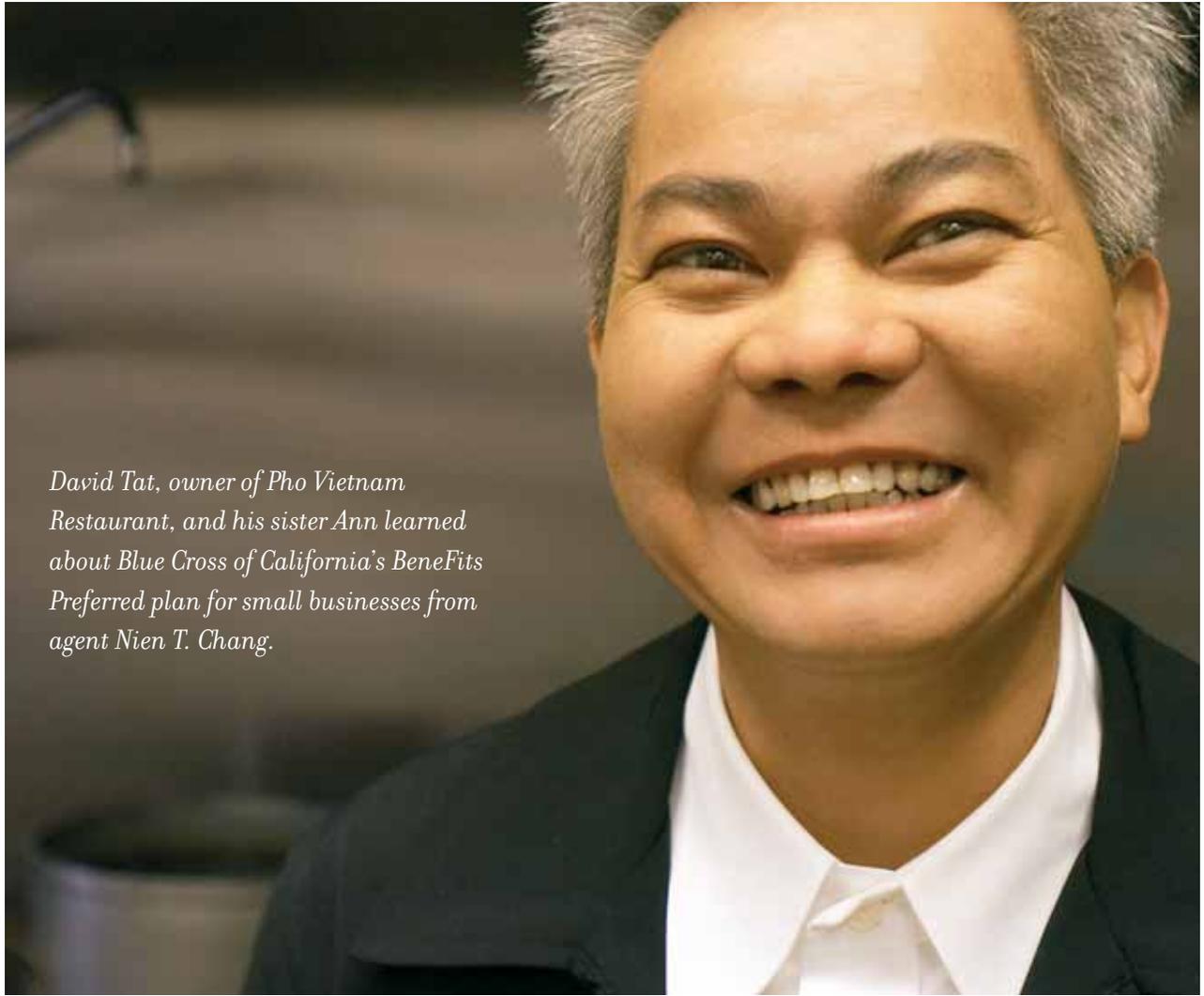
“Glenda has been a godsend,” says Tonya, who had to deal with Phil’s medical care along with the responsibilities of a demanding job and two teenage children. “I honestly don’t know how I could have gotten through it without her.”

“Glenda was instrumental not only in helping me navigate through the insurance hoops, but in seeing that my husband got the care he truly needed,” says Tonya. Glenda helped ensure that Phil could continue to receive care from the non-network physician who performed the initial emergency surgery. She also helped get prescriptions for pain medication approved in a timely manner.

“She called just to see how I was doing,” says Phil. “That’s a human touch you don’t expect from an insurance company.”

After being home from the hospital a couple of months, Phil began having trouble with his emotions, cognition, and memory. While talking with Phil on the phone, Glenda recognized that he might have suffered a closed head injury and suggested he see a neurologist — whose diagnosis confirmed Glenda’s hunch. As a result, “Phil is doing much better in all respects under the treatment plan being monitored by the neurologist,” says Tonya.

“Glenda always seems to be there when we need her most,” says Tonya, “and we really feel that our case manager is on our side.” Glenda Martin is just one of the reasons why consumers trust Anthem Blue Cross and Blue Shield.



David Tat, owner of Pho Vietnam Restaurant, and his sister Ann learned about Blue Cross of California's BeneFits Preferred plan for small businesses from agent Nien T. Chang.



“My employees appreciate customer service people who speak Chinese.”

DAVID TAT
ROWLAND HEIGHTS, CALIFORNIA

David Tat learned about better health coverage for his restaurant employees from a Blue Cross of California agent who is specially trained to work in Asian communities. David grew up in a Chinese family in Vietnam and came to the United States in 1975. Today he owns and operates Vietnamese restaurants in West Covina and Rowland Heights, California.

David had an individual policy that covered several family members who work with him. Agent Nien T. Chang explained how a BeneFits small business plan from Blue Cross of California would allow David to extend coverage to other employees, while gaining tax advantages.

David chose a BeneFits Preferred plan because he wanted to add vision and dental benefits to the medical coverage he had previously. And he is quick to point out another advantage of working with Blue Cross of California: “My employees appreciate customer service people who speak Chinese.”

Nien T. Chang has been an agent for Blue Cross of California for seven years. He participates in a special program for agents who work in Asian, Latino and other communities that historically have had higher rates of uninsured. In addition to training, agents in the program have the opportunity to give feedback on how Blue Cross of California can better meet the needs of the communities they serve.

Nien says it’s important to his clients that he can provide Blue Cross of California documents with Chinese characters. “People in the Chinese community want to feel secure,” he says. “They want to be able to understand and trust the information they receive about their health insurance.” Blue Cross of California is reaching America’s diverse communities with access to health coverage that speaks their language.

To our shareholders, customers and communities:

In 2005, WellPoint provided health benefits to more Americans than any other company, and we are on course for continued growth by focusing on our customers.

In our first full year of operations following the merger of Anthem, Inc. and WellPoint Health Networks Inc. in November 2004, we successfully integrated two large, national organizations, achieving our synergy goals while maintaining the high quality of our service. We also completed the acquisition of WellChoice, Inc., the parent company of Empire Blue Cross Blue Shield, the largest health insurer in New York.

With the addition of nearly 5 million WellChoice members, our enrollment was 33.9 million members at the end of 2005. The total also includes 1.2 million new members we added during the year, an organic growth rate of 4.3 percent. As WellPoint grew, we also achieved excellent financial results. Earnings per share were \$3.94 in 2005, a 29 percent increase over 2004.

We continue to work to reduce administrative costs as a percentage of revenue, while improving service to our customers. The selling, general and administrative (SG&A) expense ratio improved to 16.3 percent for the full year 2005, from 17.0 percent in 2004, with a goal of 15.7 percent for 2006. Initiatives such as our "One Touch Service" program in Virginia and Georgia have increased customer loyalty, satisfaction and value, while reducing calls and thus costs.

OUR MERGER WITH WELLCHOICE

We completed the acquisition of WellChoice on December 28, 2005. With this acquisition we strengthen our leadership in providing health benefits to national accounts, large employers with multi-state operations. This transaction gives us a strategic presence in New York City, the headquarters of more Fortune 500 companies than any other U.S. city. With Blue Cross or Blue Cross Blue Shield plans now in 14 states, we can offer large national employers our leading local presence in more markets than any other health benefits company.

The acquisition allows us to provide a seamless product offering in the Northeast. There are significant growth opportunities in every business segment, and we will be able to sell our specialty products, such as life insurance, to more health plan members.

There are also operational and cost savings to be realized from the WellChoice transaction, and we expect \$25 million in 2006 synergies. We have created a new East Region for WellPoint, headed by Michael Stocker, M.D., formerly president and CEO of WellChoice.

CUSTOMER-FOCUSED INITIATIVES

Much of our work in 2005 focused on offering innovative new products and services for consumers. In June, we acquired Lumenos, a pioneer in consumer-driven health care. A consumer-driven health plan provides consumers with a personal health account along with tools, information and services to help them maintain and improve their health. Our focus now is to introduce Lumenos products and services to our members and to further build an industry-leading consumer-driven portfolio. At the end of 2005, we served 507,000 consumer-driven health plan members.

We are continuing our efforts to reach uninsured Americans with affordable health care coverage. Having demonstrated the success of our Tonik product among the uninsured in California, we expanded it to new markets in 2005. Through

Tonik and other innovative products, in 2005 we provided new individual policies to 378,000 people who had previously been uninsured.

In 2005, we built a stand-alone unit totally focused on our national accounts customers. We unified the identity of the business under the Anthem Blue Cross and Blue Shield brand as Anthem National Accounts in the states where we operate Blue Cross or Blue Cross Blue Shield companies.

We're developing integrated benefits solutions that combine medical coverage with our wide range of specialty benefits such as vision and dental plans. We offer customers a single point of contact for all their benefits needs. In an increasing number of markets, we also offer the administrative ease of one bill, one ID card and one customer service number for medical and specialty products.

In 2005, WellPoint provided health benefits to more Americans than any other company, and we are on course for continued growth by focusing on our customers.

We're offering more choices for seniors, including Medicare Part D prescription drug coverage. As of January 2006, we are marketing Medicare products in all 50 states, and we expect between 1.5 million and 2.0 million Part D members this year.

ACHIEVING OUR VISION OF HEALTH CARE

During 2005, working with our Board of Directors, we finalized our WellPoint 2010 Strategy. Our vision for the future is that WellPoint will transform health care and become the most valued health benefits company.

What will a transformed health care system look like in 2010? Consumers will have access to affordable quality care, and we will reduce the number of uninsured Americans through innovative new coverage options. Consumers will confidently navigate health care. They will be able to choose from a wide array of products and select health care services using meaningful price and quality information.

Physicians and hospitals will spend less time on administrative tasks, thanks to advances in information technology, and medical errors will be reduced through evidence-based medicine. And public health will improve through education and incentives to help people lead healthier lifestyles and manage chronic diseases.

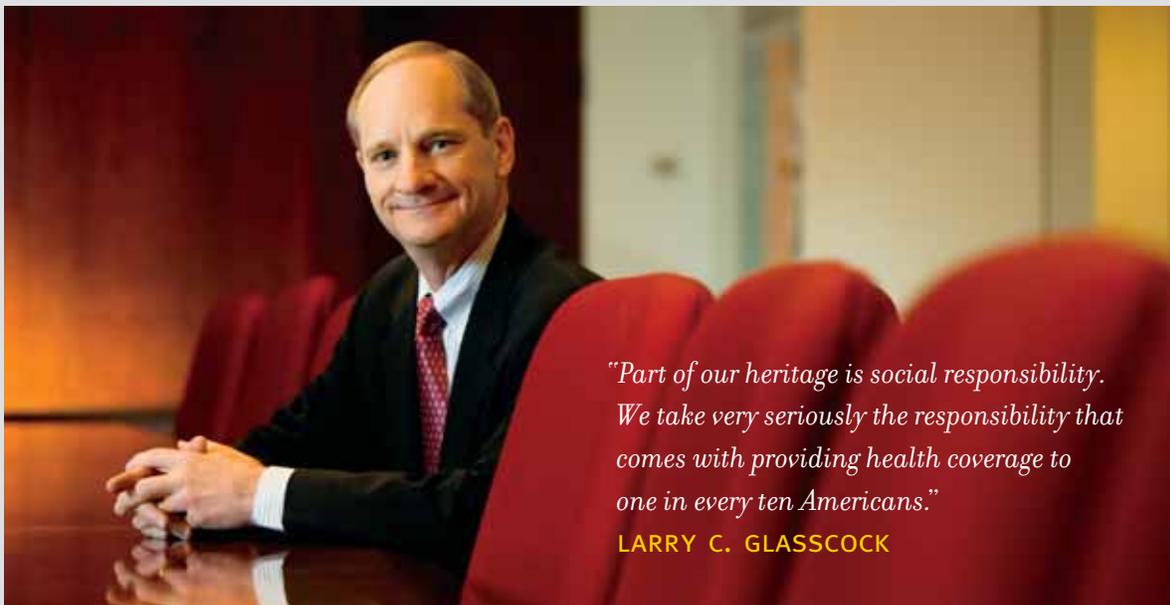
We believe that WellPoint can take a lead role in achieving this vision. Our strategy is built on WellPoint's distinctive strength: the combination of our national scale and our local leadership in more places than any other health benefits company.

At the local level, our leading presence and large membership base position us to work with health care professionals on initiatives to improve quality and affordability. At the same time, our national scale creates opportunities to gain efficiencies by standardizing operational processes. In addition, as the nation's leading health benefits company, we can play a key role in advocating national health care policy and practices to benefit consumers.

The combination of national scale and local leadership allows us to share best practices — a program that is improving quality or reducing the cost of care, or a product that is addressing an unmet need. We have created Centers of Business Excellence, which focus on specific customer segments and bring together WellPoint experts from across our regions, to provide a structure for exchanging knowledge and ideas.

CLOSING THOUGHTS

In closing, I want to welcome the 5,000 associates who joined us from WellChoice as we ended 2005. And thanks to all 42,000 WellPoint associates for staying focused on our customers in a time of rapid growth, integration and innovation.



"Part of our heritage is social responsibility. We take very seriously the responsibility that comes with providing health coverage to one in every ten Americans."

LARRY C. GLASSCOCK

I want to acknowledge and thank Ben Lytle, Leonard Schaeffer and Tom Snead, who have been instrumental in building our company and helping guide the new WellPoint through its first year. Ben and Leonard have recently resigned from our Board of Directors, and Tom from the Executive Leadership Team, but they leave a lasting legacy, and WellPoint today reflects the vision of these outstanding leaders. I also want to thank Elizabeth Sanders, who retired from the Board in 2005 and who served for many years on the board of WellPoint Health Networks.

Part of our heritage is social responsibility. We take very seriously the responsibility that comes with providing health coverage to one in every ten Americans. We recognize our obligation to take a lead role in improving health care in this country.

We believe the future of health care belongs to the consumer. Our company has a long history of winning new customers and keeping them. But we know that we must do more. If we are to address the concerns of consumers today, we must truly transform health care.

This is our vision. Our role in this vision is to lead the way to affordable quality care and to become the most trusted choice for consumers by anticipating their needs and creating innovative solutions. We believe that WellPoint's future, and the future of health care, can best be seen through the eyes of the consumer.

Larry C. Glasscock

Chairman, President and Chief Executive Officer

WellPoint: See in eyes

*At WellPoint, we know
how important it is to understand
health care and health benefits from
the consumer's perspective.*

*In the following pages, we will
explain how WellPoint sees
health care, our role, and the future
through the eyes of consumers.*

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LEADERSHIP IN AFFORDABLE QUALITY CARE

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WellPoint is working to ensure that consumers receive high quality, effective care at an affordable price, through innovative initiatives in care management, health improvement, health care quality and safety, and network management.

TRUSTED CHOICE FOR CONSUMERS

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WellPoint is helping consumers navigate the health care environment, offering an array of affordable products and services and providing the information they need to better manage their own health and health care.

TRANSFORMING HEALTH CARE, IMPROVING HEALTH

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WellPoint is committed to transforming health care for the benefit of all consumers, reaching the uninsured and under-served with coverage and care, helping people take better care of themselves, and improving the health of the communities we serve.

If the cost of coverage keeps going up, how can I afford health care for my family?

If health care spending continues to rise at the current rate, it will double in 10 years — to more than \$12,000 annually for every single American (see page 17). Rising costs are driving up health care premiums for families and businesses at a rate that is simply unsustainable.

WellPoint is working to make quality health care more affordable — through collaborative programs that improve health care quality and reduce costs, initiatives to manage the cost of care our members receive, and a full range of services and support.

IMPROVING QUALITY, REDUCING COSTS

Consumers don't have to sacrifice quality to hold down the cost of health care. WellPoint believes that quality care can actually cost less — as we improve the effectiveness of treatment and reduce medical errors. Our company has a long record of partnerships with physicians and hospitals on quality incentives.

We work with primary care and specialty care physicians to develop programs that reward improvement in areas such as clinical outcomes, adoption of evidence-based medical procedures and

patient satisfaction. In 2005, for example, Blue Cross of California provided incentive payments to 196 physician groups based on its HMO Quality Scorecard. The awards totaled \$72 million, a 27 percent increase over the previous year.

We also collaborate in developing programs that reward hospitals for improving quality, safety and satisfaction. In 2005, Anthem Blue Cross and Blue Shield in Connecticut, Maine and New Hampshire introduced the Quality Insights Hospital Incentive Program (Q-HIP) to Northeast hospitals that serve 2.7 million Anthem members. The program is patterned after the Q-HIP in Virginia, which was featured in our 2004 summary annual report.

Anthem Blue Cross and Blue Shield in Indiana, Kentucky and Ohio was recognized in 2005 for its Hospital Quality Program. This pioneering program, which was launched more than a decade ago and now includes 357 hospitals in the three states, won a prestigious BlueWorks award from Harvard Medical School and the Blue Cross and Blue Shield Association.

Another way we promote quality care is to identify hospitals which meet or



KARLA LOUIS
Nurse Case Manager
St. Louis, Missouri

SEEING HEALTH CARE THROUGH THE EYES OF THE CONSUMER

Karla Louis provides special assistance in the Case Management Program for WellPoint members with serious immediate or complex/chronic health issues. Karla works with each participating member's physician to develop a care plan with goals to address members' needs. She helps members and their families achieve the goals by showing them how to use their plan benefits as well as community-based resources; by educating them on topics dealing with the disease process, treatment and self-care; and by referring them to additional health programs within WellPoint. Karla focuses on the best outcome from the member's point of view, and she takes satisfaction from being an advocate for her clients. Karla not only sees through their eyes — she's their voice, too.

HOW DOES WELLPOINT'S GROWTH BENEFIT CONSUMERS?

WellPoint has grown to become the nation's leading health benefits company, serving 34 million Americans. But what does our growth mean to each of those consumers?

First, growth has allowed us to spread fixed administrative costs over a larger membership base, helping to hold down premium increases. Second, we have brought together unmatched resources to serve customers, through investments in key areas such as information technology and medical management. Third, we have taken a leadership role at the local and national level in improving the quality and affordability of health care.

Our ability to serve our customers is a key reason why WellPoint continues to grow. In addition to membership gained through acquisitions, we attracted 1.2 million new members in 2005, one customer at a time.



*Jay and Susie Stapleton, new members in 2005.
(Story on pages 2-3.)*

exceed stringent performance standards to create a network of designated centers for a specific clinical area or procedure. We have established a national network for transplant care, and we are working in coordination with the Blue Cross and Blue Shield Association to develop Blue Centers for Cardiac Care and Blue Centers for Bariatric Surgery. Hospitals are evaluated on quality measures such as mortality, readmission and complication rates, and care management.

MAKING CARE MORE AFFORDABLE

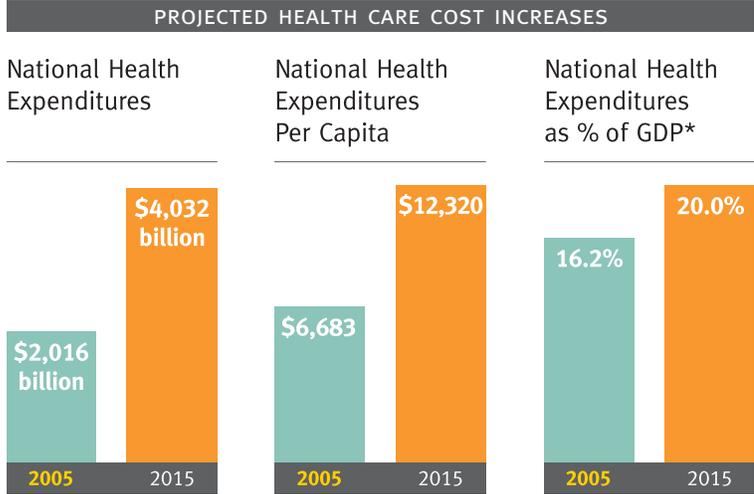
WellPoint is continually looking for ways to enhance our own operations to reduce the cost of health care for our members.

We help members save on prescriptions through our efficient mail-order pharmacy services and by encouraging the appropriate use of generic drugs. And in 2005 we introduced a comprehensive program for customers using special drugs for chronic, uncommon diseases such as hemophilia with annual costs per patient ranging from \$8,000 to \$150,000 or more. The new program includes dedicated patient care coordinators. It is designed to increase the effectiveness and reduce the cost of these important and expensive drugs.

One area of medicine where costs have been increasing rapidly is in new high-tech radiology, such as magnetic resonance imaging (MRI). The use of this advanced imaging has been growing by as much as 25 percent a year. WellPoint collaborated with the American College of Radiology to develop guidelines that

HEALTH CARE COST INCREASES ARE UNSUSTAINABLE

If health care spending continues to increase at the current rate it will double in 10 years. By 2015, per capita health care spending is projected to exceed \$12,000, and one in every five dollars spent in the United States will go to health care.



*Gross Domestic Product
Source: Centers for Medicare & Medicaid Services, Office of the Actuary

would help ensure the appropriate use of this expensive technology. Our radiology management programs have significantly reduced the use of this imaging, and physicians surveyed have indicated a high level of satisfaction with the program.

Another way we are helping to hold down premiums is by fighting health care fraud, which was estimated at \$90 billion nationwide in 2004. Anthem Blue Cross and Blue Shield’s Fraud and Abuse Awareness Training program, Web-based instruction for associates on how to recognize and respond to health care fraud, was recognized with a BlueWorks award in 2005.

SERVICES AND SUPPORT

We also help consumers and employers hold down the cost of health care by providing a full range of services and support.

In addition to medical benefits, WellPoint offers a broad portfolio of specialty products such as dental and vision benefits, and life and disability

insurance. We offer employers the administrative savings of dealing with a single source for all their benefit needs.

With our national reach, we are also positioned to provide convenient, economical benefits solutions to national accounts — large, multi-state employers. We offer the most recognized brand in health care and, through the proven BlueCard network, access to 738,000 providers nationwide.

We also offer programs to help members take steps to improve their own health. This not only helps them feel better, but also helps them hold down their health care costs. For example, Anthem Rewards is an online health and fitness incentive program that rewards members for maintaining a regular routine of physical activity.

Health care is complicated. Where can I turn for help and information I can trust?

Many Americans no longer see themselves merely as passive “patients” treated by the health care system but as “consumers” who are actively involved in their own care. WellPoint is responding with new ideas to help people navigate the health care system and make informed choices. We’re offering new “consumer-driven” health plans (CDHPs) as part of a wide array of innovative products and services, along with information and consumer tools.

CONSUMER-DRIVEN SOLUTIONS

Consumer-driven health plans can help people take a more active role in their health and health care (see graphic on page 20). A typical CDHP includes a financial account funded by the member and/or employer to cover routine expenses, including prescriptions. The plan also includes traditional health coverage that protects consumers against large expenses. A well-designed CDHP also includes information and services that consumers can use to make the best choices for their health and health care dollars.

WellPoint is a market leader in offering consumer-driven health plans.

In 2005, WellPoint acquired Lumenos, a pioneer in CDHPs, which enhanced our existing consumer-driven health programs. The Lumenos plans, featuring Health Savings Accounts and Health Reimbursement Accounts, empower consumers with health support programs, and preventive services are always covered at 100 percent. The health support focus includes easy access to information, as well as personalized services and incentives, to help consumers become better informed about their health and adopt behaviors that promote better health.

INNOVATIVE PRODUCTS

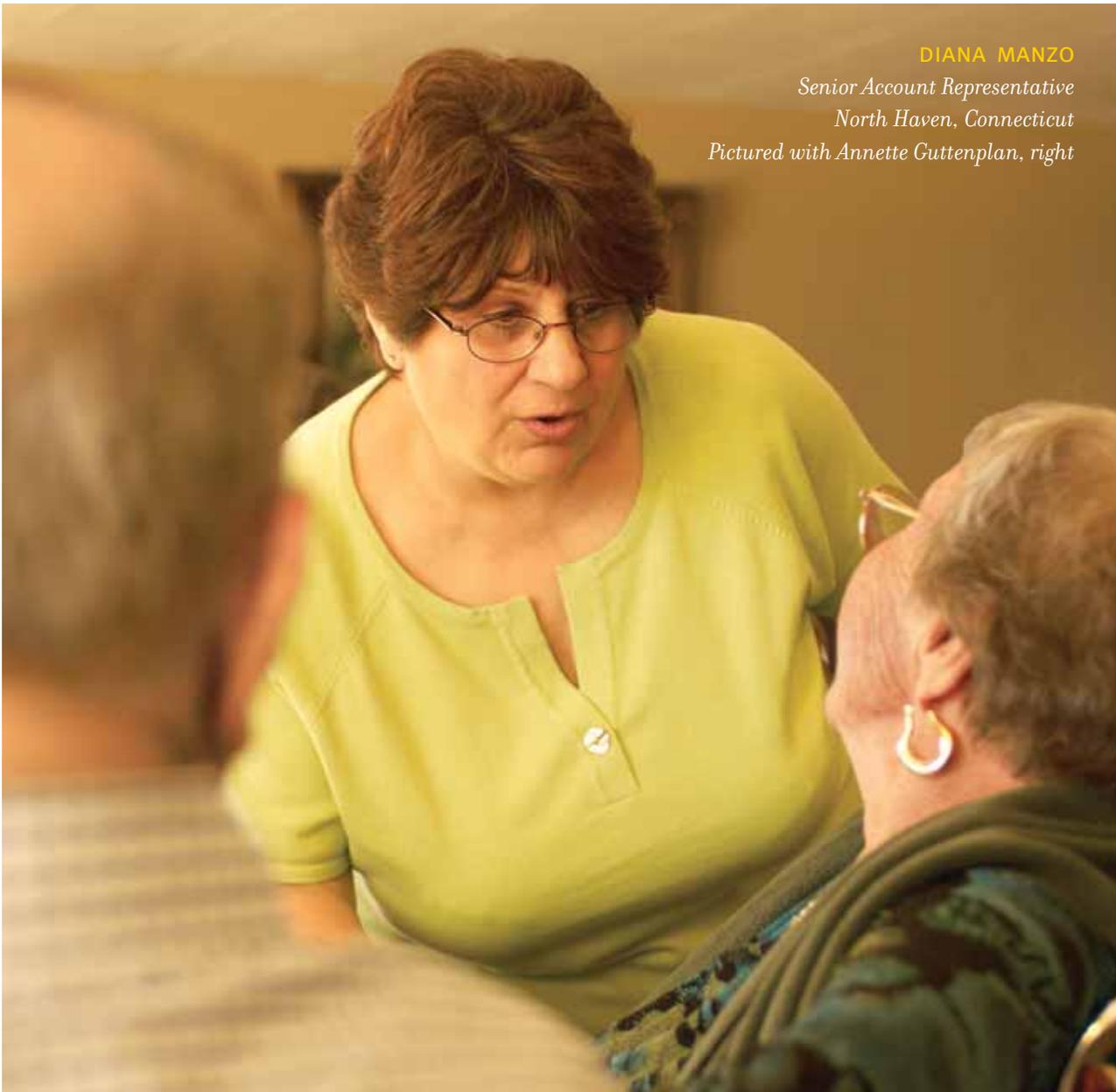
In addition to CDHPs, we continue to roll out innovative products that expand coverage options for consumers.

Our Tonik plan, which was featured in our 2004 report, is a product initially offered in California designed especially for uninsured young adults. We’ve launched Tonik in Colorado and similar plans called Sound in Texas and Illinois, and further rollouts are planned this year.

In 2005, Anthem Blue Cross and Blue Shield in Virginia introduced Individual Essential KeyCare, designed to

SEEING WELLPOINT'S ROLE THROUGH THE EYES OF THE CONSUMER

Every winter, Diana Manzo travels to gatherings around Florida where she is greeted with smiles, hugs — and questions about health benefits. Diana is a trusted source of information for State of Connecticut retirees, who call her for answers and help with their Anthem Blue Cross and Blue Shield benefits. Seventeen years ago, Diana arranged with the state employees' union to participate in meetings in Florida, where as many as 5,000 Connecticut state retirees spend some or all of the year, so she could address their concerns face-to-face. Diana is still making her annual trip to Florida where she can help Anthem members, and see the appreciation in their eyes.



DIANA MANZO

Senior Account Representative

North Haven, Connecticut

Pictured with Annette Guttenplan, right

reach uninsured Virginians. With options available for less than \$50 a month, Essential KeyCare provides coverage of physician office visits and generic drugs, and offers protection against the high cost of unexpected medical bills.

Our BeneFits portfolio (see pages 6-7) makes it easier for small businesses in California to offer coverage to their employees. Employer contributions are half of the industry average, and there are coverage options for part-time employees. To date, 84 percent of the groups buying BeneFits plans were previously uninsured.

In 2005, Anthem Blue Cross and Blue Shield in Colorado introduced EmployeeElect plans for small business.

EmployeeElect allows employers to choose one or more of 12 health plans, allowing businesses to offer a package of benefits that meets the diverse needs of their workforce.

UniCare introduced BasicChoice, lower-cost benefit plans that can expand coverage for employees in the service industry. These programs can supplement existing offerings and give employers the means to provide an affordable option to employees who would not otherwise have health care coverage.

We also continue to develop new products for the growing senior market, and beginning this year we offer Medicare products in all 50 states,

CONSUMER-DRIVEN HEALTH PLANS PROMOTE ACTIVE INVOLVEMENT

An independent national study has shown that consumer-driven health plans are helping people take more control of their health and health care. The study compared those covered by consumer-driven health plans with a control group that had traditional insurance.

The results suggested that Americans covered by CDHPs are not only more likely to compare costs, but also more likely to practice healthy behaviors. With the right information and incentives, Americans can take more control of their health care costs, and take better care of themselves.

CONSUMER-DRIVEN HEALTH PLAN (CDHP) BEHAVIORS

Among self-reported findings of more than 2,500 Americans, CDHP consumers were:

- ▶ 25% more likely to engage in healthy behaviors
- ▶ 30% more likely to get an annual check-up
- ▶ 20% more likely to follow treatment regimens for chronic conditions very carefully
- ▶ 50% more likely to ask about cost

Source: McKinsey & Company, "Consumer-Directed Health Plan Report — Early Evidence Is Promising," June 2005. This study of more than 2,500 adult Americans with varying types of commercial health coverage included more than 1,000 consumers with employer-based, full-replacement CDHPs, as well as a control group that carried traditional insurance.

including Medicare Part D prescription drug coverage. Anthem Blue Cross and Blue Shield's Medicare Advantage plans in Ohio and Kentucky were rated among the best in the country in providing overall value in medical and prescription drug benefits.

INFORMATION AND CONSUMER TOOLS

As consumers take more control of their health care, we are responding to their demand for more useful information and empowering consumers through technology.

In 2005, Anthem.com was recognized by the eHealthcare Leadership Awards for having the best overall Internet site in the consumer health care category. Our Web sites have also received recognition from *Consumer Reports*, which has included WellPoint on its "Trustworthy" list of companies.

Through our strategic partnership with WebMD Health, WellPoint members have access to secure, consumer-friendly, personalized online health information products powered by WebMD.

Lumenos offers tools to help customers better manage their care and medical expenses. For example, the Personal Health Coach program provides one-on-one assistance from specially trained registered nurses for customers with certain chronic health conditions. Lumenos also offers tools and services to help customers prepare for elective surgery. They can call a Surgical Support Nurse for information about the procedure itself, other treatment options, and questions to ask the doctor.

HOW CAN WELLPOINT HELP CONSUMERS NAVIGATE THE HEALTH CARE SYSTEM?

We're designing health plans that fit consumers' needs, with features — such as a single ID card for medical, dental and vision coverage — that make health benefits easier to use.

We're continually enhancing our consumer Web sites, making them easier to navigate, with more useful online information and tools.

We're building our capabilities to provide customers with information on quality of care to help them choose a hospital or physician.

And we continue to focus on distinctive customer service, providing answers to consumers' questions and information they can trust.



Distinctive customer service: Diana Manzo with State of Connecticut retirees in Florida. (Story on page 19.)

With all the talk about health care, what's being done to make it better?

As the nation's leading health benefits company, we recognize that WellPoint must play a key role in improving health and health care. That is the driving force behind our WellPoint 2010 Strategy, which we adopted in 2005. We are working to promote better health and expand access to care, and we are seeking innovative solutions to address the challenges facing health care in America.

PROMOTING BETTER HEALTH

WellPoint is committed to improving health, not only for our members but for the broader community. To help us gauge our performance in improving the lives of our members, we've developed the WellPoint Member Health Index, with 20 measures covering prevention, care management, clinical outcomes and patient safety. The WellPoint State Health Status Index incorporates 23 publicly available health measures for the overall population in each state, with a focus on states where WellPoint is No. 1 or No. 2 in market share.

A key to improving health is focusing more resources on chronic diseases. WellPoint's disease management and

advanced care management programs identify members who will benefit from assistance in managing their chronic disease, to help avoid or delay the onset of more serious health problems.

One example of disease management at WellPoint is a diabetes program in New Hampshire that was highlighted by the National Committee for Quality Assurance. The program focuses on blood sugar tests that provide physicians with vital information in diabetes management. The program has increased the percentage of members with diabetes receiving two or more tests per year, as well as the percentage with improved blood sugar levels.

Blue Cross of California's Congestive Heart Failure (CHF) Health Improvement Program was recognized for its creative approach to reducing the number of avoidable hospitalizations. Health coaches work closely with over 9,000 members at risk for long-term CHF complications. The program structure has been applied to programs for asthma, diabetes, and cardiovascular disease.

Because behavior is the single most important factor in health, another key



MIKE LORCH

*Vice President, Health Services
Louisville, Kentucky
Pictured with Alex Herrera, left*

SEEING THE FUTURE THROUGH THE EYES OF THE CONSUMER

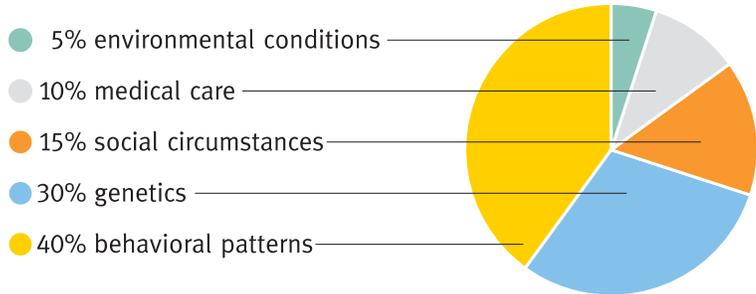
Parents want a healthy future for their children, and many are concerned about kids' lack of exercise. That's why Michael Lorich of Anthem Blue Cross and Blue Shield worked with the Kentucky Pediatric Society to help young people get involved in the Walking Works program of the Blue Cross and Blue Shield Association. Alex Herrera, 13, has been following the program for several months, and he feels good about his progress. His pediatrician, Julia Richerson, M.D., of Family Health Centers, has talked with more than 50 patients and their parents about Walking Works, giving them a pedometer and encouraging them to walk 10,000 steps a day. By developing healthy habits for life, young people like Alex are taking a big step to a brighter future.

LIFESTYLE IS IMPORTANT TO HEALTH

Personal behavior is a key factor in premature death, illness and disability. Behaviors with the greatest negative impact on health are tobacco use, obesity and poor nutrition, and a sedentary lifestyle. A key to improving health is helping people make better choices to take care of themselves.

DETERMINANTS OF POPULATION HEALTH

Personal behavior is the single most important factor in health, based on the factors' estimated impacts on early deaths in the United States.



Source: McGinnis, Williams-Russo, and Knickman, *Health Affairs*, March/April 2002

area of focus is promoting healthier lifestyles (see graph above). WellPoint has taken a leadership role in efforts to reduce childhood obesity. More than 2.5 million copies of "Healthy Habits for Healthy Kids," an educational nutrition and physical activity guide we developed with the American Dietetic Association, have been distributed to health care and education professionals.

EXPANDING ACCESS TO CARE

WellPoint is helping to expand access to health care in America. First, we are working to extend health coverage to uninsured Americans, by offering affordable products such as Tonik and Essential KeyCare.

WellPoint is also the nation's largest commercial Medicaid managed care company. For example, Blue Cross of California provides an array of health services to beneficiaries of Medi-Cal, the state's Medicaid program. These services enhance access, emphasize

prevention, improve quality of care, and provide health education. The company has established Community Resource Centers to offer outreach and onsite enrollment assistance, as well as health information and special services.

WellPoint also supports community clinics, telemedicine and mobile care initiatives to improve access in underserved areas of many of our states. In 2005, Anthem Blue Cross and Blue Shield in Maine contributed \$1 million to the MaineHealth VitalNetwork, a system that allows remote monitoring of intensive care patients in multiple locations from a central command center staffed by intensive care physicians and nurses.

VISION AND INNOVATION

As part of our WellPoint 2010 Strategy, we developed a concept of what health care should be: a consumer-focused, choice-based system that provides affordable and accessible care, a system where health care professionals spend less

SOCIAL RESPONSIBILITY

HOW IS WELLPOINT DEMONSTRATING ITS COMMITMENT TO TRANSFORM HEALTH CARE?

Our vision is that WellPoint will transform health care and become the most valued company in our industry. Our social responsibility is aligned with our business objectives.

Our corporate foundations rank among the nation's top corporate foundations in total assets. Through our foundations and giving programs, we contributed nearly \$36 million in 2005, with a focus on improving health and health care.

Our company, foundations, and associates contributed a total of \$1.5 million to the American Red Cross after Hurricane Katrina. WellPoint associates also served as medical volunteers in the Gulf Coast region.

WellPoint's Social Responsibility Report is available online at wellpoint.com.



*Improving the health of our communities:
Julia Richerson, M.D. with Alex Herrera and
his mother, Antonina Orantes.
(Story on page 23.)*

time on paperwork and apply evidence-based medicine to improve quality and reduce medical errors, a system that achieves higher levels of public health by promoting healthier lifestyles.

To achieve our vision, we are acting on many fronts, and pursuing innovation in all areas. This includes the most advanced information technology, which has significant potential to transform health care.

In early 2006, for example, WellPoint launched an innovative pilot program to provide electronic medical records in hospital emergency rooms in Missouri. The Member Medical History System maintains claims-based electronic medical records for WellPoint members, so their medical history is immediately accessible when they enter the ER. In addition to a reduction in medical errors, the program will help reduce hospital costs, because 1 in 7 hospital admissions from the ER is due to missing medical information.

My Health Record, available to members of Empire Blue Cross Blue Shield, is a secure, Internet-based health record that collects health data from processed claims, including lab test results, doctor visits, immunizations, hospital stays, reported diagnoses, and prescriptions. Members can also add extensive information of their own. By allowing health information to be shared by multiple physicians, personal health records can help doctors provide appropriate care.

FINANCIAL HIGHLIGHTS

The information presented below is as reported in WellPoint, Inc.'s 2005 Annual Report on Form 10-K. On December 28, 2005, WellPoint acquired WellChoice, Inc. The acquisition was deemed effective December 31, 2005 for accounting purposes; accordingly, 2005 operating results and earnings per share do not include WellChoice. However, balance sheet information and medical membership as of December 31, 2005 include WellChoice. On November 30, 2004, Anthem, Inc. acquired WellPoint Health Networks Inc., and Anthem, Inc. changed its name to WellPoint, Inc. Accordingly, 2004 financial results include operations of the former Anthem, Inc. for the full year, and also include operations of the former WellPoint Health Networks Inc. for the one month ended December 31, 2004. Financial highlights for 2003 include only operations of the former Anthem, Inc.

(DOLLARS IN MILLIONS, EXCEPT PER SHARE DATA)	Years Ended December 31,		
	2005	2004	2003
Operating results			
Total operating revenue	\$44,513.1	\$20,460.9	\$16,487.1
Total revenue	45,136.0	20,815.1	16,781.4
Net income	2,463.8	960.1	774.3
Earnings per share			
Basic net income	\$ 4.03	\$ 3.15	\$ 2.80
Diluted net income	3.94	3.05	2.73
Balance sheet information			
Total assets	\$51,405.2	\$39,738.4	\$13,414.6
Total liabilities	26,412.1	20,279.4	7,414.7
Total shareholders' equity	24,993.1	19,459.0	5,999.9
Medical membership (000s)			
East	13,800	8,508	5,300
Central	10,970	10,565	5,688
West	9,086	8,655	939
Total medical membership	33,856	27,728	11,927

Note 1: The information presented above should be read in conjunction with the audited consolidated financial statements and accompanying notes and Management's Discussion and Analysis of Financial Condition and Results of Operations included in WellPoint, Inc.'s 2005 Annual Report on Form 10-K.

Note 2: Certain prior year amounts have been reclassified to conform to current year presentation.

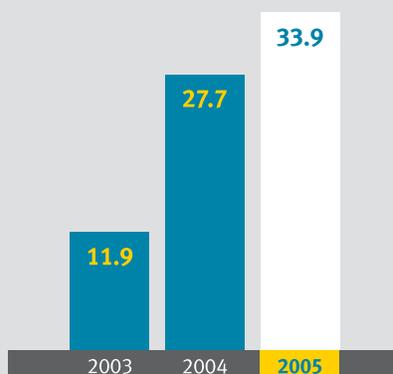
Total revenue

(in billions)

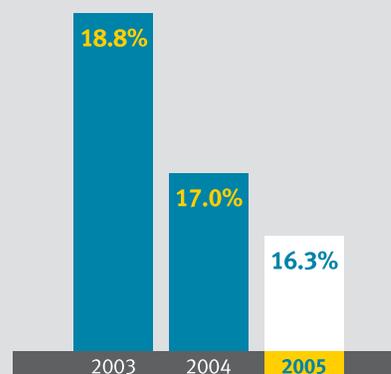


Total medical membership

(in millions)



Selling, general and administrative expense ratio



CONSOLIDATED BALANCE SHEETS

December 31,

(IN MILLIONS, EXCEPT SHARE DATA)	2005	2004
Assets		
Current assets:		
Investments available-for-sale, at fair value:		
Fixed maturity securities (amortized cost of \$15,444.5 and \$12,286.7)	\$15,332.2	\$12,413.7
Equity securities (cost of \$1,388.4 and \$1,089.3)	1,448.2	1,173.2
Cash and cash equivalents	2,740.2	1,457.2
Accrued investment income	156.8	144.6
Premium and self-funded receivables	2,295.2	1,574.6
Other receivables	831.4	731.8
Securities lending collateral	1,389.9	658.5
Deferred tax assets, net	728.2	434.0
Other current assets	1,022.7	769.9
Total current assets	25,944.8	19,357.5
Long-term investments available-for-sale, at fair value:		
Fixed maturity securities (amortized cost of \$238.1 and \$219.3)	234.7	220.8
Equity securities (cost of \$346.1 and \$359.4)	372.9	360.8
Other invested assets, long-term	207.8	166.5
Property and equipment, net	1,078.6	1,045.2
Goodwill	13,469.1	10,017.9
Other intangible assets	9,686.4	8,211.6
Other noncurrent assets	410.9	358.1
Total assets	\$51,405.2	\$39,738.4
Liabilities and shareholders' equity		
Liabilities		
Current liabilities:		
Policy liabilities:		
Medical claims payable	\$ 4,923.4	\$ 4,202.0
Reserves for future policy benefits	82.1	145.0
Other policyholder liabilities	1,761.1	1,209.5
Total policy liabilities	6,766.6	5,556.5
Unearned income	1,057.1	1,046.6
Accounts payable and accrued expenses	2,860.4	2,222.1
Income taxes payable	833.4	418.8
Security trades pending payable	181.8	84.4
Securities lending payable	1,389.9	658.5
Current portion of long-term debt	481.2	160.9
Other current liabilities	1,286.8	1,433.4
Total current liabilities	14,857.2	11,581.2
Long-term debt, less current portion	6,324.7	4,289.5
Reserves for future policy benefits, noncurrent	679.9	727.2
Deferred tax liability, net	3,306.3	2,596.4
Other noncurrent liabilities	1,244.0	1,085.1
Total liabilities	26,412.1	20,279.4
Commitments and contingencies		
Shareholders' equity		
Preferred stock, without par value, shares authorized — 100,000,000; shares issued and outstanding — none	—	—
Common stock, par value \$0.01, shares authorized — 900,000,000; shares issued and outstanding: 660,424,174 and 302,626,708	6.6	3.0
Additional paid-in capital	20,915.4	17,433.6
Retained earnings	4,173.5	1,960.1
Unearned stock compensation	(82.1)	(83.5)
Accumulated other comprehensive (loss) income	(20.3)	145.8
Total shareholders' equity	24,993.1	19,459.0
Total liabilities and shareholders' equity	\$51,405.2	\$39,738.4

The information presented above should be read in conjunction with the audited financial statements and accompanying notes included in WellPoint, Inc.'s 2005 Annual Report on Form 10-K.

CONSOLIDATED STATEMENTS OF INCOME

Years Ended December 31,

(IN MILLIONS, EXCEPT PER SHARE DATA)	2005	2004	2003
Revenues			
Premiums	\$41,216.7	\$18,771.6	\$15,167.7
Administrative fees	2,729.9	1,436.9	1,160.2
Other revenue	566.5	252.4	159.2
Total operating revenue	44,513.1	20,460.9	16,487.1
Net investment income	633.1	311.7	278.1
Net realized (losses) gains on investments	(10.2)	42.5	16.2
Total revenues	45,136.0	20,815.1	16,781.4
Expenses			
Benefit expense	33,219.9	15,387.8	12,254.5
Selling, general and administrative expense:			
Selling expense	1,474.2	537.2	411.2
General and administrative expense	5,798.5	2,940.5	2,686.3
Total selling, general and administrative expense	7,272.7	3,477.7	3,097.5
Cost of drugs	288.0	95.0	38.7
Interest expense	226.2	142.3	131.2
Amortization of other intangible assets	238.9	61.4	47.6
Merger-related undertakings	—	61.5	—
Loss on repurchase of debt securities	—	146.1	—
Total expenses	41,245.7	19,371.8	15,569.5
Income before income tax expense	3,890.3	1,443.3	1,211.9
Income tax expense	1,426.5	483.2	437.6
Net income	\$ 2,463.8	\$ 960.1	\$ 774.3
Net income per share			
Basic	\$ 4.03	\$ 3.15	\$ 2.80
Diluted	\$ 3.94	\$ 3.05	\$ 2.73

Per share data for each period presented reflects the two-for-one stock split, which was approved by the Board of Directors on April 25, 2005. All shareholders of record on May 13, 2005 received one additional share of WellPoint common stock for each share of common stock held on that date. The additional shares of common stock were distributed to shareholders of record in the form of a stock dividend on May 31, 2005.

The information presented above should be read in conjunction with the audited financial statements and accompanying notes included in WellPoint, Inc.'s 2005 Annual Report on Form 10-K.

CONSOLIDATED STATEMENTS OF CASH FLOWS

Years Ended December 31,

(IN MILLIONS)	2005	2004	2003
Operating activities			
Net income	\$ 2,463.8	\$ 960.1	\$ 774.3
Adjustments to reconcile net income to net cash provided by operating activities:			
Net realized losses (gains) on investments	10.2	(42.5)	(16.2)
Loss on disposal of assets	2.7	0.8	0.4
Loss on repurchase of debt securities	—	146.1	—
Deferred income taxes	(102.6)	(103.4)	(26.7)
Amortization, net of accretion	531.1	197.4	167.7
Depreciation expense	102.7	81.7	77.3
Changes in operating assets and liabilities, net of effect of business combinations:			
Receivables, net	(234.1)	(1.3)	(201.8)
Other assets	(165.6)	(89.9)	(141.7)
Policy liabilities	50.0	25.6	104.7
Unearned income	(38.2)	34.0	84.6
Accounts payable and accrued expenses	309.8	191.6	61.0
Other liabilities	(132.7)	28.5	123.4
Income taxes	459.6	(125.5)	152.0
Net cash provided by operating activities	3,256.7	1,303.2	1,159.0
Investing activities			
Purchases of fixed maturity securities	(17,457.0)	(7,242.7)	(5,135.8)
Proceeds from fixed maturity securities:			
Sales	14,391.4	6,273.5	2,444.2
Maturities, calls and redemptions	1,344.5	952.5	1,670.8
Purchase of equity securities	(4,530.6)	(6.6)	(0.5)
Proceeds from sales of equity securities	4,480.0	1.3	—
Purchases of subsidiaries, net of cash acquired	(2,589.7)	(2,239.9)	(3.5)
Proceeds from sales of subsidiaries, net of cash sold	92.8	—	(3.1)
Proceeds from settlement of cash flow hedges	—	15.7	—
Purchases of property and equipment	(161.8)	(136.8)	(110.7)
Proceeds from sale of property and equipment	10.2	9.1	9.4
Net cash used in investing activities	(4,420.2)	(2,373.9)	(1,129.2)
Financing activities			
Net proceeds from commercial paper borrowings	808.2	793.2	—
Proceeds from long-term borrowings	1,700.0	1,770.2	—
Repayment of long-term borrowings	(155.1)	(798.5)	(100.0)
Proceeds from issuance of common stock under Equity Security Unit stock purchase contracts	—	230.0	—
Repurchase and retirement of common stock	(333.4)	(82.3)	(217.2)
Proceeds from sale of put options	1.1	—	—
Proceeds from exercise of employee stock options and employee stock purchase plan	429.3	159.0	57.0
Costs related to issuance of common stock	(3.6)	(8.2)	—
Net cash provided by (used in) financing activities	2,446.5	2,063.4	(260.2)
Change in cash and cash equivalents	1,283.0	992.7	(230.4)
Cash and cash equivalents at beginning of year	1,457.2	464.5	694.9
Cash and cash equivalents at end of year	\$ 2,740.2	\$ 1,457.2	\$ 464.5

The information presented above should be read in conjunction with the audited financial statements and accompanying notes included in WellPoint, Inc.'s 2005 Annual Report on Form 10-K.

BOARD OF DIRECTORS AND EXECUTIVE LEADERSHIP

BOARD OF DIRECTORS

Larry C. Glasscock

Chairman, President and
Chief Executive Officer
WellPoint, Inc.

Lenox D. Baker, Jr., M.D.

President
Mid-Atlantic Cardiothoracic
Surgeons, Ltd.

Susan B. Bayh

Attorney at Law

Sheila P. Burke

Deputy Secretary and
Chief Operating Officer
Smithsonian Institution

William H.T. Bush

Chairman
Bush O'Donnell & Co., Inc.

Julie A. Hill

Owner
The Hill Companies

Warren Y. Jobe

Former Senior Vice President
Southern Company

Victor S. Liss

Vice Chairman
Trans-Lux Corporation

William G. Mays

President and
Chief Executive Officer
Mays Chemical Company

Ramiro G. Peru

Executive Vice President and
Chief Financial Officer
Phelps Dodge Corporation

Jane G. Pisano, Ph.D.

President and Director
The Natural History Museum
of Los Angeles County

Senator Donald W. Riegle, Jr.

Chairman
APCO Government Affairs

William J. Ryan

Chairman, President and
Chief Executive Officer
Banknorth Group, Inc.

George A. Schaefer, Jr.

President and
Chief Executive Officer
Fifth Third Bancorp

Jackie M. Ward

Outside Managing Director
Intec Telecom Systems

John E. Zuccotti

Chairman, Brookfield
Financial Properties and
Of Counsel, Weil
Gotshal & Manges LLP



Left to right: Victor S. Liss, Lenox D. Baker, Jr., M.D., William G. Mays, Julie A. Hill, Warren Y. Jobe, Susan B. Bayh, William J. Ryan, Larry C. Glasscock, Jane G. Pisano, Ph.D., Jackie M. Ward, George A. Schaefer, Jr., John E. Zuccotti, Senator Donald W. Riegle, Jr., Ramiro G. Peru, Sheila P. Burke, William H.T. Bush



BOARD COMMITTEES

Audit Committee

Victor S. Liss, Chairperson
Warren Y. Jobe
William G. Mays
Ramiro G. Peru
George A. Schaefer, Jr.

Compensation Committee

William J. Ryan, Chairperson
Sheila P. Burke
Jane G. Pisano
Senator Donald W. Riegle, Jr.
Jackie M. Ward

Executive Committee

Larry C. Glasscock, Chairperson
Victor S. Liss
William J. Ryan
Jackie M. Ward

Governance Committee

Jackie M. Ward, Chairperson
Susan B. Bayh
William H.T. Bush
Julie A. Hill
Senator Donald W. Riegle, Jr.
John E. Zuccotti

Planning Committee

Lenox D. Baker, Jr., M.D.
William H.T. Bush
Julie A. Hill
Jane G. Pisano

EXECUTIVE LEADERSHIP

Larry C. Glasscock

Chairman, President and
Chief Executive Officer

Mark L. Boxer

Executive Vice President and
Chief Information Officer

Angela F. Braly

Executive Vice President,
General Counsel and
Chief Public Affairs Officer

Randal L. Brown

Senior Vice President
Human Resources

David C. Colby

Executive Vice President and
Chief Financial Officer

Marjorie W. Dorr

Executive Vice President and
Chief Strategy Officer

Keith R. Faller

President and CEO Central
Region and Corporate Executive
Vice President

David S. Helwig

President and CEO West Region
and Corporate Executive
Vice President

Joan E. Herman

President and CEO Specialty,
Senior and State-Sponsored
Business and Corporate
Executive Vice President

Randall J. Lewis

Senior Vice President
Internal Audit and
Chief Compliance Officer

Samuel R. Nussbaum, M.D.

Executive Vice President and
Chief Medical Officer

Alice F. Rosenblatt

Executive Vice President
Integration Planning/
Implementation and
Chief Actuary

Michael A. Stocker, M.D.

President and CEO East Region
and Corporate Executive
Vice President

John S. Watts

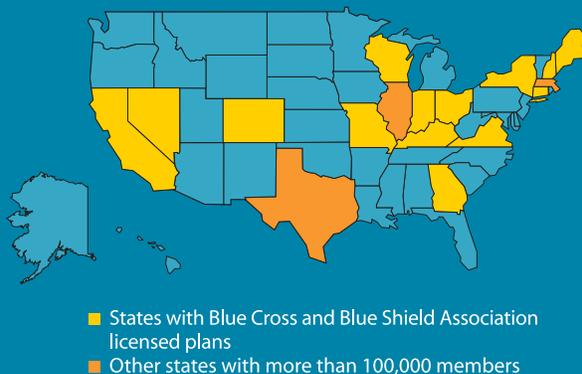
President and CEO
National Accounts and
Corporate Executive
Vice President



WellPoint, Inc. is the nation's leading health benefits company.

WellPoint associates serve 34 million medical members through the individual, small group, large group, national accounts, senior, and state-sponsored customer segments. No other health benefits company has leading local market presence in so many geographic areas.

WellPoint is an independent licensee of the Blue Cross and Blue Shield Association in 14 states: California (as the Blue Cross licensee), Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Missouri (excluding 30 counties in the Kansas City area), Nevada, New Hampshire, New York (as Blue Cross Blue Shield in 10 metropolitan New York City counties and as Blue Cross or Blue Cross Blue Shield in selected upstate counties only), Ohio, Virginia (excluding the Northern Virginia suburbs of Washington, D.C.), and Wisconsin. We also serve members nationwide through our UniCare brand.



SPECIALTY COMPANIES

WellPoint's specialty companies provide a full range of benefits and services to our health plan customers. These include dental and vision benefits, behavioral health and employee assistance programs, life and disability insurance, and pharmacy benefit management. We can offer many customers an integrated solution for all their benefit needs.

MEDICARE AND MEDICAID

WellPoint companies serve seniors in markets across the country with Medicare Advantage, Supplement, Private Fee for Service and Prescription Drug Benefit coverage. WellPoint is also the nation's second-largest Medicare contractor, handling more than 205 million Medicare claims in 2005. WellPoint is the nation's largest Medicaid managed care provider, serving 2 million members in seven states and Puerto Rico.

CHARITABLE FOUNDATIONS

WellPoint has created or funded independent charitable foundations in many states we serve, with assets today of more than \$6 billion. In addition, our corporate foundations have total assets of nearly \$192 million, ranking among the nation's top corporate foundations. Through our foundations and giving programs, we contributed nearly \$36 million in 2005.

CORPORATE INFORMATION

CORPORATE HEADQUARTERS

WellPoint, Inc.
120 Monument Circle
Indianapolis, IN 46204-4903
www.wellpoint.com

ACCOUNT QUESTIONS

Our transfer agent, Computershare, can help you with a variety of shareholder-related services, including:

- Change of address
- Transfer of stock to another person
- Lost stock certificates
- Additional administrative services

Please include your name, address and telephone number with all correspondence, and specify the most convenient time to contact you.

You can call Computershare toll-free at:

(866) 299-9628
Monday-Friday,
9 a.m.-5 p.m. Eastern Time

Written correspondence can be sent to:

WellPoint Shareholder Services
c/o Computershare Trust
Company, N.A.
P.O. Box 43037
Providence, RI 02940-3037
E-mail:
wellpoint@computershare.com

INVESTOR AND SHAREHOLDER INFORMATION

Shareholders may receive, without charge, a copy of WellPoint, Inc.'s Annual Report on Form 10-K, including financial statements, as filed with the Securities and Exchange Commission (which is WellPoint, Inc.'s Annual Report to Shareholders). WellPoint's Summary Annual Report and other information are also available on WellPoint's Investor Relations Web site at www.wellpoint.com. To request a Summary Annual Report, Form 10-K or additional information, please choose from one of the following:

Institutional Investors

WellPoint, Inc.
Investor Relations Department
120 Monument Circle
Indianapolis, IN 46204-4903
(317) 488-6770
E-mail:
wayne.deveydt@wellpoint.com

Individual Shareholders

WellPoint, Inc.
Shareholder Services Department
120 Monument Circle
Indianapolis, IN 46204-4903
(800) 985-0999 (toll-free)
E-mail:
shareholder.services@wellpoint.com

ANNUAL MEETING

The annual meeting of shareholders of WellPoint, Inc. will be held at 10:00 a.m. Indianapolis time on May 16, 2006, at WellPoint's headquarters, 120 Monument Circle, Indianapolis, IN.

MARKET PRICE OF COMMON STOCK

The Company's Common Stock, par value \$0.01 per share, is listed on the NYSE under the symbol "WLP." On February 15, 2006, the closing price on the NYSE was \$78.82. As of February 15, 2006, there were 154,599 shareholders of record of the Common Stock. The following table presents high and low sales prices for the Common Stock on the NYSE for the periods indicated.

	HIGH	LOW
2005		
First Quarter	\$63.98	\$54.58
Second Quarter	71.23	58.20
Third Quarter	77.40	65.06
Fourth Quarter	80.40	70.25
2004		
First Quarter	\$46.07	\$36.25
Second Quarter	47.80	41.93
Third Quarter	46.95	38.88
Fourth Quarter	58.85	36.10

Per share data for each period presented reflects the two-for-one stock split, which was approved by the Board of Directors on April 25, 2005.

DIVIDENDS

WellPoint, Inc. has not to date paid cash dividends on common stock. The declaration and payment of future dividends will be at the discretion of the Board of Directors.



OUR VISION

WellPoint will transform health care and become the most valued company in our industry.

OUR MISSION

Improve the lives of the people we serve and the health of our communities.

WELLPOINT, INC.

120 Monument Circle, Indianapolis, IN 46204, www.wellpoint.com