



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2011
OF THE CONDITION AND AFFAIRS OF THE

Community Insurance Company

NAIC Group Code	0671 (Current)	0671 (Prior)	NAIC Company Code	10345	Employer's ID Number	31-1440175
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	Ohio		
Country of Domicile	United States of America					
Licensed as business type:	Property/Casualty					
Is HMO Federally Qualified?	Yes [] No [X]					
Incorporated/Organized	07/08/1995		Commenced Business	10/01/1995		
Statutory Home Office	4361 Irwin Simpson Road (Street and Number)		Mason, OH 45040-9498 (City or Town, State and Zip Code)			
Main Administrative Office	4361 Irwin Simpson Road (Street and Number)		Mason, OH 45040-9498 (City or Town, State and Zip Code)			
	513-872-8100 (Area Code) (Telephone Number)					
Mail Address	6775 W. Washington Street (Street and Number or P.O. Box)		Milwaukee, WI 53214 (City or Town, State and Zip Code)			
Primary Location of Books and Records	6775 W. Washington Street (Street and Number)		Milwaukee, WI 53214 (City or Town, State and Zip Code)			
	414-459-6833 (Area Code) (Telephone Number)					
Internet Website Address	www.anthem.com					
Statutory Statement Contact	Brenda J. Buss (Name)		414-459-6833 (Area Code) (Telephone Number)			
	brenda.buss@bcbswi.com (E-mail Address)		414-459-6229 (FAX Number)			

OFFICERS

President/Chairperson	Erin Patricia Hoeflinger	Vice President/Treasurer	Robert David Kretschmer
Vice President/Secretary	Kathleen Susan Kiefer	Assistant Secretary	Judy Lynne Pershern

OTHER

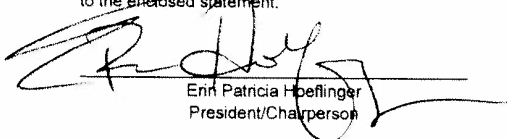
Amy Soppel Renshaw	Assistant Secretary
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DIRECTORS OR TRUSTEES

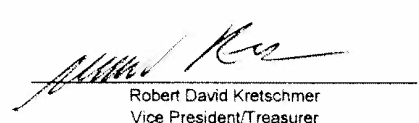
Carter Allen Beck	Wayne Scott DeVeydt	Erin Patricia Hoeflinger
Catherine Irene Kelaghan	Kathleen Susan Kiefer	

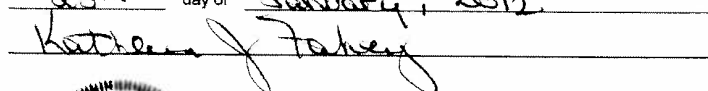
State of Ohio SS:
County of Warren

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


Erin Patricia Hoeflinger
President/Chairperson


Kathleen Susan Kiefer
Vice President/Secretary


Robert David Kretschmer
Vice President/Treasurer

Subscribed and sworn to before me this
25th day of January, 2012


- 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



Kathleen J. Fahey
Notary Public, State of Ohio
My Commission Expires 04-12-2014

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Express Scripts, Inc.	10,648,380	7,225,219	275,522	19,880,682	19,880,682	18,149,121
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed						
0199999. Total Pharmaceutical Rebate Receivables	10,648,380	7,225,219	275,522	19,880,682	19,880,682	18,149,121
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	3,056,322	1,072,514	68,226	286,774	4,483,836	
0299999. Total Claim Overpayment Receivables	3,056,322	1,072,514	68,226	286,774	4,483,836	0
0399998. Aggregate Loans and Advances to Providers Not Individually Listed						
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed	133,000				133,000	
0599999. Total Risk Sharing Receivables	133,000	0	0	0	133,000	0
0699998. Aggregate Other Receivables Not Individually Listed	3,937,533			2,747,204	6,684,737	0
0699999. Total Other Receivables	3,937,533	0	0	2,747,204	6,684,737	0
0799999 Gross health care receivables	17,775,235	8,297,733	343,748	22,914,660	31,182,255	18,149,121

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

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ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Community Insurance Company

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	936,684	0.0	36,883	2.1		936,684
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	936,684	0.0	36,883	2.1	0	936,684
Other Payments:						
5. Fee-for-service	1,382,250,643	38.3	XXX	XXX		1,382,250,643
6. Contractual fee payments	2,143,546,370	59.4	XXX	XXX		2,143,546,370
7. Bonus/withhold arrangements - fee-for-service	397,741	0.0	XXX	XXX		397,741
8. Bonus/withhold arrangements - contractual fee payments	3,773,754	0.1	XXX	XXX		3,773,754
9. Non-contingent salaries	0	0.0	XXX	XXX		0
10. Aggregate cost arrangements	0	0.0	XXX	XXX		0
11. All other payments	77,505,140	2.1	XXX	XXX		77,505,140
12. Total other payments	3,607,473,648	100.0	XXX	XXX	0	3,607,473,648
13. TOTAL (Line 4 plus Line 12)	3,608,410,332	100%	XXX	XXX	0	3,608,410,332

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
	NONE				
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	57,353,430		55,011,382	2,342,048	2,342,048	
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment	4,758,742		1,656,128	3,102,614	3,102,614	
6.	Total	62,112,172	0	56,667,510	5,444,662	5,444,662	0



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Community Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Community Insurance Company 2. Mason, OH

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)
0671		Indiana		2011							NAIC Company Code 10345
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year		0									
2. First Quarter		980							980		
3. Second Quarter		962							962		
4. Third Quarter		7,259							7,259		
5. Current Year		7,296							7,296		
6. Current Year Member Months		43,204							43,204		
Total Member Ambulatory Encounters for Year:											
7. Physician		48,285							48,285		
8. Non-Physician		24,920							24,920		
9. Total		73,205	0	0	0	0	0	0	73,205	0	0
10. Hospital Patient Days Incurred		13,003							13,003		
11. Number of Inpatient Admissions		1,692							1,692		
12. Health Premiums Written (b)		43,421,816							43,421,816		
13. Life Premiums Direct		0									
14. Property/Casualty Premiums Written		0									
15. Health Premiums Earned		43,421,816							43,421,816		
16. Property/Casualty Premiums Earned		0									
17. Amount Paid for Provision of Health Care Services		24,761,739							24,761,739		
18. Amount Incurred for Provision of Health Care Services		36,299,450							36,299,450		

(a) For health business: number of persons insured under PPO managed care products7,296 and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$43,421,816



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Community Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Community Insurance Company

2. Mason, OH

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0671		Ohio		2011							NAIC Company Code	
		Comprehensive (Hospital & Medical)									10345	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	1,729,649	127,447	674,919	45,164	122,883	110,806		96,812		551,618	
2.	First Quarter	1,743,558	120,041	668,694	45,081	109,670	104,873	0	112,646		582,553	
3.	Second Quarter	1,750,959	119,455	667,144	46,070	113,976	108,200	0	112,312		583,802	
4.	Third Quarter	1,735,735	118,648	654,488	47,162	114,695	107,081	0	113,245		580,416	
5.	Current Year	1,735,902	117,381	644,885	49,059	116,994	111,596	0	113,934		582,053	
6.	Current Year Member Months	20,921,497	1,431,891	7,940,105	557,785	1,360,423	1,291,549		1,356,303		6,983,441	
Total Member Ambulatory Encounters for Year:												
7.	Physician	5,723,553	7,710	3,726,679	588,047	0	0	0	1,401,117			
8.	Non-Physician	3,396,809	4,560	2,227,708	260,204	33,958	147,256	0	723,123			
9.	Total	9,120,362	12,270	5,954,387	848,251	33,958	147,256	0	2,124,240	0	0	
10.	Hospital Patient Days Incurred	726,285	954	193,287	154,728	0	0	0	377,316			
11.	Number of Inpatient Admissions	108,571	131	44,846	14,482	0	0	0	49,112			
12.	Health Premiums Written (b)	4,470,277,952	316,121,616	2,668,043,029	110,261,564	5,893,568	33,700,315	(13,941,015)	1,260,002,804	(49,919)	90,245,990	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	4,473,766,321	308,730,357	2,668,288,924	109,259,335	5,890,657	33,555,862	(255,740)	1,258,100,855	(49,919)	90,245,990	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	3,583,648,593	233,019,666	2,157,072,710	79,348,572	3,461,438	21,470,419	(92,241)	1,006,289,045	5,573,844	77,505,140	
18.	Amount Incurred for Provision of Health Care Services	3,635,734,492	238,440,402	2,165,065,481	81,136,410	3,461,796	21,463,222	(92,773)	1,043,120,220	5,577,594	77,562,140	

(a) For health business: number of persons insured under PPO managed care products1,337,033 and number of persons insured under indemnity only products59,690 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,260,002,804



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Community Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Community Insurance Company

2. Mason, OH

NAIC Group Code		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR		2011		(LOCATION)	
0671										NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1.	Prior Year	1,729,649	127,447	674,919	45,164	122,883	110,806	0	96,812	0	551,618
2.	First Quarter	1,744,538	120,041	668,694	45,081	109,670	104,873	0	113,626	0	582,553
3.	Second Quarter	1,751,921	119,455	667,144	46,070	113,976	108,200	0	113,274	0	583,802
4.	Third Quarter	1,742,994	118,648	654,488	47,162	114,695	107,081	0	120,504	0	580,416
5.	Current Year	1,743,198	117,381	644,885	49,059	116,994	111,596	0	121,230	0	582,053
6.	Current Year Member Months	20,964,701	1,431,891	7,940,105	557,785	1,360,423	1,291,549	0	1,399,507	0	6,983,441
Total Member Ambulatory Encounters for Year:											
7.	Physician	5,771,838	7,710	3,726,679	588,047	0	0	0	1,449,402	0	0
8.	Non-Physician	3,421,729	4,560	2,227,708	260,204	33,958	147,256	0	748,043	0	0
9.	Total	9,193,567	12,270	5,954,387	848,251	33,958	147,256	0	2,197,445	0	0
10.	Hospital Patient Days Incurred	739,288	954	193,287	154,728	0	0	0	390,319	0	0
11.	Number of Inpatient Admissions	110,263	131	44,846	14,482	0	0	0	50,804	0	0
12.	Health Premiums Written (b)	4,513,699,768	316,121,616	2,668,043,029	110,261,564	5,893,568	33,700,315	(13,941,015)	1,303,424,620	(49,919)	90,245,990
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15.	Health Premiums Earned	4,517,188,137	308,730,357	2,668,288,924	109,259,335	5,890,657	33,555,862	(255,740)	1,301,522,671	(49,919)	90,245,990
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17.	Amount Paid for Provision of Health Care Services	3,608,410,332	233,019,666	2,157,072,710	79,348,572	3,461,438	21,470,419	(92,241)	1,031,050,784	5,573,844	77,505,140
18.	Amount Incurred for Provision of Health Care Services	3,672,033,942	238,440,402	2,165,065,481	81,136,410	3,461,796	21,463,222	(92,773)	1,079,419,670	5,577,594	77,562,140

(a) For health business: number of persons insured under PPO managed care products1,344,329 and number of persons insured under indemnity only products59,690 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,303,424,620

Schedule S - Part 1 - Section 2
N O N E

Schedule S - Part 2
N O N E

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Community Insurance Company

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Premiums	8 Unearned Premiums (Estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
0399999. Total General Account - Authorized Affiliates						0	0	0	0	0	0	0
.....38776.....	...13-2997499...	...01/01/2008...	Sirius America Insurance Co	NY.....	.....OTH/A/G.....	.....13,760.....	.....	.....	.....	.....	.....	.....
0499999. General Account - Authorized U.S. Non-Affiliates						13,760	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-Affiliates						13,760	0	0	0	0	0	0
0799999. Total General Account Authorized						13,760	0	0	0	0	0	0
1099999. Total General Account - Unauthorized Affiliates						0	0	0	0	0	0	0
1399999. Total General Account - Unauthorized Non-Affiliates						0	0	0	0	0	0	0
1499999. Total General Account Unauthorized						0	0	0	0	0	0	0
1599999. Total General Account Authorized and Unauthorized						13,760	0	0	0	0	0	0
1899999. Total Separate Accounts - Authorized Affiliates						0	0	0	0	0	0	0
2199999. Total Separate Accounts - Authorized Non-Affiliates						0	0	0	0	0	0	0
2299999. Total Separate Accounts Authorized						0	0	0	0	0	0	0
2599999. Total Separate Accounts - Unauthorized Affiliates						0	0	0	0	0	0	0
2899999. Total Separate Accounts - Unauthorized Non-Affiliates						0	0	0	0	0	0	0
2999999. Total Separate Accounts Unauthorized						0	0	0	0	0	0	0
3099999. Total Separate Accounts Authorized and Unauthorized						0	0	0	0	0	0	0
3199999. Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1699999, 1999999, 2399999 and 2699999)						13,760	0	0	0	0	0	0
3299999. Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1799999, 2099999, 2499999 and 2799999)						0	0	0	0	0	0	0
.....
.....
3399999 - Totals						13,760	0	0	0	0	0	0

Schedule S - Part 4
N O N E

Schedule S - Part 4 - Bank Footnote
N O N E

SCHEDULE S - PART 5

Five Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	1 2011	2 2010	3 2009	4 2008	5 2007
A. OPERATIONS ITEMS					
1. Premiums	14	89	308	77	311
2. Title XVIII - Medicare	0	0	0	0	0
3. Title XIX - Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance			94	0	0
5. Total hospital and medical expenses		(2)	341	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable				0	0
7. Claims payable	0	0	16	0	0
8. Reinsurance recoverable on paid losses	0	8	325	0	0
9. Experience rating refunds due or unpaid				0	0
10. Commissions and reinsurance expense allowances unpaid				0	0
11. Unauthorized reinsurance offset				0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)	0	0	0	0	0
13. Letters of credit (L)	0	0	0	0	0
14. Trust agreements (T)	0	0	0	0	0
15. Other (O)	0	0	0	0	0

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	1,396,402,353		1,396,402,353
2. Accident and health premiums due and unpaid (Line 15)	50,246,444		50,246,444
3. Amounts recoverable from reinsurers (Line 16.1)	0		0
4. Net credit for ceded reinsurance	xxx	0	0
5. All other admitted assets (Balance)	435,695,447		435,695,447
6. Total assets (Line 28)	1,882,344,244	0	1,882,344,244
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	397,989,927		397,989,927
8. Accrued medical incentive pool and bonus payments (Line 2)	4,461,591		4,461,591
9. Premiums received in advance (Line 8)	50,331,936		50,331,936
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19)	0		0
11. Reinsurance in unauthorized companies (Line 20)	0		0
12. All other liabilities (Balance)	737,450,444		737,450,444
13. Total liabilities (Line 24)	1,190,233,898	0	1,190,233,898
14. Total capital and surplus (Line 33)	692,110,346	xxx	692,110,346
15. Total liabilities, capital and surplus (Line 34)	1,882,344,244	0	1,882,344,244
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid	0		
17. Accrued medical incentive pool	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	0		
20. Other ceded reinsurance recoverables	0		
21. Total ceded reinsurance recoverables	0		
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24. Unauthorized reinsurance	0		
25. Other ceded reinsurance payables/offsets	0		
26. Total ceded reinsurance payables/offsets	0		
27. Total net credit for ceded reinsurance	0		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama	AL					
2.	Alaska	AK					
3.	Arizona	AZ					
4.	Arkansas	AR					
5.	California	CA					
6.	Colorado	CO					
7.	Connecticut	CT					
8.	Delaware	DE					
9.	District of Columbia	DC					
10.	Florida	FL					
11.	Georgia	GA					
12.	Hawaii	HI					
13.	Idaho	ID					
14.	Illinois	IL					
15.	Indiana	IN					
16.	Iowa	IA					
17.	Kansas	KS					
18.	Kentucky	KY					
19.	Louisiana	LA					
20.	Maine	ME					
21.	Maryland	MD					
22.	Massachusetts	MA					
23.	Michigan	MI					
24.	Minnesota	MN					
25.	Mississippi	MS					
26.	Missouri	MO					
27.	Montana	MT					
28.	Nebraska	NE					
29.	Nevada	NV					
30.	New Hampshire	NH					
31.	New Jersey	NJ					
32.	New Mexico	NM					
33.	New York	NY					
34.	North Carolina	NC					
35.	North Dakota	ND					
36.	Ohio	OH					
37.	Oklahoma	OK					
38.	Oregon	OR					
39.	Pennsylvania	PA					
40.	Rhode Island	RI					
41.	South Carolina	SC					
42.	South Dakota	SD					
43.	Tennessee	TN					
44.	Texas	TX					
45.	Utah	UT					
46.	Vermont	VT					
47.	Virginia	VA					
48.	Washington	WA					
49.	West Virginia	WV					
50.	Wisconsin	WI					
51.	Wyoming	WY					
52.	American Samoa	AS					
53.	Guam	GU					
54.	Puerto Rico	PR					
55.	U.S. Virgin Islands	VI					
56.	Northern Mariana Islands	MP					
57.	Canada	CN					
58.	Aggregate Other Alien	OT					
59.	Total						

NONE

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Community Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0671	WellPoint, Inc.	11069	36-4384128				American Imaging Management East, LLC	DE	JA	American Imaging Management, Inc. Imaging Management Holdings, L.L.C.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		36-3692630				American Imaging Management, Inc.	IL	NIA		Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		26-1974650				Anthem Blue Cross and Blue Shield Plan Administrator, LLC	JN	NIA	Anthem Health Plans, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	62825	95-4331852				Anthem Blue Cross Life and Health Insurance Company	CA	JA	WellPoint California Services, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		34-1979156				Anthem Credentialing Services, Inc.	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		35-1898945				Anthem Financial, Inc.	DE	NIA	Associated Group, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		26-1498094				Anthem Health Insurance Company of Nevada	NV	NIA	HMO Colorado, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	95120	61-1237516				Anthem Health Plans of Kentucky, Inc.	KY	JA	ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	52618	31-1705652				Anthem Health Plans of Maine, Inc.	ME	JA	ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	53759	02-0510530				Anthem Health Plans of New Hampshire, Inc.	NH	JA	ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	71835	54-0357120	40003317			Anthem Health Plans of Virginia, Inc.	VA	JA	ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	60217	06-1475928				Anthem Health Plans, Inc.	CT	JA	ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		61-1459939				Anthem Holding Corp.	JN	NIA	WellPoint, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	28207	35-0781558				Anthem Insurance Companies, Inc.	JN	JA	WellPoint, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	13573	20-5876774				Anthem Life & Disability Insurance Company	NY	JA	WellPoint Acquisition, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	61069	35-0980405				Anthem Life Insurance Company	JN	JA	Rocky Mountain Hospital and Medical Service, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		32-0031791				Anthem Southeast, Inc.	JN	NIA	WellPoint, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		35-2129194				Anthem UM Services, Inc.	JN	NIA	UNICARE Specialty Services, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		30-0606541				Anthem Workers' Compensation, LLC	JN	NIA	Anthem Blue Cross Life and Health Insurance Company	Ownership	75.000	WellPoint, Inc.	
0671	WellPoint, Inc.		30-0606541				Anthem Workers' Compensation, LLC	JN	NIA	HealthLink, Inc.	Ownership	25.000	WellPoint, Inc.	
0671	WellPoint, Inc.		95-4640529				Arcus Enterprises, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		20-2858325				Arcus Financial Services, Inc.	JN	NIA	Arcus Enterprises, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		20-2858384				ARCUS HealthLiving Services, Inc.	JN	NIA	Arcus Enterprises, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		35-1292384				Associated Group, Inc.	JN	NIA	Anthem Insurance Companies, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		11-3713086				ATH Holding Company, LLC	JN	UDP	WellPoint, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		02-0454980				Behavioral Health Network, Inc.	NH	NIA	WellPoint Acquisition, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	54801	58-0469845				Blue Cross and Blue Shield of Georgia, Inc.	GA	JA	Cerulean Companies, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	96962	58-1638390				Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	GA	JA	Cerulean Companies, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	54003	39-0138065				Blue Cross Blue Shield of Wisconsin	WI	JA	Crossroads Acquisition Corp.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		95-3760980				Blue Cross of California	CA	JA	WellPoint California Services, Inc.	Ownership	100.000	WellPoint, Inc.	0100
0671	WellPoint, Inc.		20-2994048				Blue Cross of California Partnership Plan, Inc.	CA	JA	Blue Cross of California	Ownership	100.000	WellPoint, Inc.	0101
0671	WellPoint, Inc.		20-4307514				CareMore Health Group, Inc.	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		95-4694706				CareMore Health Plan	CA	JA	CareMore Medical Enterprises	Ownership	100.000	WellPoint, Inc.	0102
0671	WellPoint, Inc.	13562	38-3795280				CareMore Health Plan of Arizona, Inc.	AZ	JA	CareMore Medical Enterprises	Ownership	100.000	WellPoint, Inc.	

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Community Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0671	WellPoint, Inc.	13753	27-1848815				CareMore Health Plan of Colorado, Inc.	CO	JA	CareMore Medical Enterprises	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	13605	26-4001602				CareMore Health Plan of Nevada	NV	JA	CareMore Medical Enterprises	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		27-1625392				CareMore Health Plan of Texas, Inc.	TX	NIA	CareMore Medical Enterprises	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		20-4307555				CareMore Holdings, Inc.	DE	NIA	CareMore Health Group, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		20-2076421				CareMore Medical Enterprises	CA	NIA	CareMore Holdings, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		95-4420935				CareMore Medical Management Company	CA	NIA	CareMore Medical Enterprises	Ownership	98.000	WellPoint, Inc.	
0671	WellPoint, Inc.		95-4420935				CareMore Medical Management Company	CA	NIA	CMMC Holding Company, LLC	Ownership	2.000	WellPoint, Inc.	
0671	WellPoint, Inc.		58-2217138				Cerulean Companies, Inc.	GA	NIA	Anthem Holding Corp.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		39-1413702				Claim Management Services, Inc.	WI	NIA	Blue Cross Blue Shield of Wisconsin	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.						CMMC Holding Company, LLC	DE	NIA	CareMore Medical Enterprises	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		35-2393838				CommunityConnect Health Plan of Pennsylvania, Inc.	PA	NIA	Health Ventures Partner, L.L.C.	Ownership	89.290	WellPoint, Inc.	0103
0671	WellPoint, Inc.	10345	31-1440175				Community Insurance Company	OH		ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	95693	39-1462554				Compcare Health Services Insurance Corporation	WI	JA	Blue Cross Blue Shield of Wisconsin	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		20-0334650				Crossroads Acquisition Corp.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		41-1905556				DeCare Analytics, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		02-0574609				DeCare Dental Health International, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.						DeCare Dental Insurance Ireland, Ltd.	Ireland	NIA	DeCare Dental, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		73-1665525				DeCare Dental Networks, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		01-0822645				DeCare Dental, LLC	MN	NIA	Anthem Holding Corp.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.						DeCare Operations Ireland, Limited	Ireland	NIA	DeCare Dental, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.						DeCare Systems Ireland, Limited	Ireland	NIA	DeCare Dental, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		26-2544715				Designated Agent Company, Inc.	KY	NIA	Anthem Health Plans of Kentucky, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		13-3934328				EHC Benefits Agency, Inc.	NY	NIA	WellPoint Holding Corp	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	55093	23-7391136				Empire HealthChoice Assurance, Inc.	NY	JA	WellPoint Holding Corp	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	95433	13-3874803				Empire HealthChoice HMO, Inc.	NY	JA	Empire HealthChoice Assurance, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		43-1047923				Forty-Four Forty-Four Forest Park Redevelopment Corp.	MO	NIA	RightCHOICE Managed Care, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		95-2907752				Golden West Health Plan, Inc.	CA	JA	WellPoint California Services, Inc.	Ownership	100.000	WellPoint, Inc.	0104
0671	WellPoint, Inc.		26-4286154				Government Health Services, LLC	WI	NIA	Blue Cross Blue Shield of Wisconsin	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	97217	58-1473042				Greater Georgia Life Insurance Company	GA	JA	Blue Cross and Blue Shield of Georgia, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		51-0365660				Health Core, Inc.	DE	NIA	Arcus Enterprises, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		54-1237939				Health Management Corporation	VA	NIA	Southeast Services, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		36-3897701				Health Ventures Partner, L.L.C.	IL	NIA	UNICARE National Services, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	95169	54-1356687				HealthKeepers, Inc.	VA	JA	Anthem Southeast, Inc.	Ownership	92.510	WellPoint, Inc.	
0671	WellPoint, Inc.	95169	54-1356687				HealthKeepers, Inc.	VA	JA	UNICARE National Services, Inc.	Ownership	7.490	WellPoint, Inc.	
0671	WellPoint, Inc.	96475	43-1616135				HealthLink HMO, Inc.	MO	JA	HealthLink, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		43-1364135				HealthLink, Inc.	IL	NIA	RightCHOICE Managed Care, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	78972	86-0257201				Healthy Alliance Life Insurance Company	MO	JA	RightCHOICE Managed Care, Inc.	Ownership	100.000	WellPoint, Inc.	

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Community Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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..0671	WellPoint, Inc.95473	84-1017384	HMO Colorado, Inc.	CO	..JA	Rocky Mountain Hospital and Medical Service, Inc.	Ownership.....	..100.000	WellPoint, Inc.
..0671	WellPoint, Inc. ....	..95358	37-1216698	.....	.....	.....	HMO Missouri, Inc.	MO	..JA	RightCHOICE Managed Care, Inc.	Ownership.....	..100.000	WellPoint, Inc. ....	.....
..0671	WellPoint, Inc. ....	.....	75-2619605	.....	.....	.....	Imaging Management Holdings, L.L.C.	DE	..NIA	ATH Holding Company, LLC	Ownership.....	..100.000	WellPoint, Inc. ....	.....
..0671	WellPoint, Inc. ....	.....	56-2368286	.....	.....	.....	Imaging Providers of Texas (non-profit) ..	TX	..NIA	American Imaging Management, Inc. ...	Ownership.....	..100.000	WellPoint, Inc. ....	.....
..0671	WellPoint, Inc. ....	.....	20-3578501	.....	.....	.....	IMASIS, L.L.C.	DE	..NIA	American Imaging Management, Inc.	Ownership.....	..100.000	WellPoint, Inc. ....	.....
..0671	WellPoint, Inc. ....	.....	04-3371737	.....	.....	.....	Landmark Solutions, LLC	NH	..NIA	Behavioral Health Network, Inc.	Ownership.....	..100.000	WellPoint, Inc. ....	.....
..0671	WellPoint, Inc. ....	..95527	02-0494919	.....	.....	.....	Matthew Thornton Health Plan, Inc.	NH	..JA	Anthem Health Plans of New Hampshire, Inc.	Ownership.....	..100.000	WellPoint, Inc. ....	.....
..0671	WellPoint, Inc. ....	.....	39-2013971	.....	.....	.....	Meridian Resource Company, LLC	WI	..NIA	Compcare Health Services Insurance Corporation	Ownership.....	..100.000	WellPoint, Inc. ....	.....
..0671	WellPoint, Inc. ....	.....	52-1519940	.....	.....	.....	National Capital Preferred Provider Organization, Inc.	MD	..NIA	UNICARE National Services, Inc.	Ownership.....	..100.000	WellPoint, Inc. ....	.....
..0671	WellPoint, Inc. ....	.....	35-1840597	.....	.....	.....	National Government Services, Inc.	JN	..NIA	Anthem Insurance Companies, Inc.	Ownership.....	..100.000	WellPoint, Inc. ....	.....
..0671	WellPoint, Inc. ....	..85286	75-1461960	.....	.....	.....	OneNation Insurance Company	JN	..JA	ATH Holding Company, LLC	Ownership.....	..100.000	WellPoint, Inc. ....	.....
..0671	WellPoint, Inc. ....	.....	95-4249368	.....	.....	.....	Park Square Holdings, Inc.	CA	..NIA	WellPoint California Services, Inc.	Ownership.....	..100.000	WellPoint, Inc. ....	.....
..0671	WellPoint, Inc. ....	.....	95-4386221	.....	.....	.....	Park Square I, Inc.	CA	..NIA	WellPoint California Services, Inc.	Ownership.....	..100.000	WellPoint, Inc. ....	.....
..0671	WellPoint, Inc. ....	.....	95-4249345	.....	.....	.....	Park Square II, Inc.	CA	..NIA	WellPoint California Services, Inc.	Ownership.....	..100.000	WellPoint, Inc. ....	.....
..0671	WellPoint, Inc. ....	.....	43-1595640	.....	.....	.....	R & P Realty, Inc.	MO	..NIA	RightCHOICE Managed Care, Inc.	Ownership.....	..100.000	WellPoint, Inc. ....	.....
..0671	WellPoint, Inc. ....	.....	56-2396739	.....	.....	.....	Resolution Health, Inc.	DE	..NIA	Anthem Southeast, Inc.	Ownership.....	..100.000	WellPoint, Inc. ....	.....
..0671	WellPoint, Inc. ....	.....	27-4410025	.....	.....	.....	Radiant Services, LLC	JN	..DS	Community Insurance Company	Ownership.....	..100.000	WellPoint, Inc. ....	.....
..0671	WellPoint, Inc. ....	..60024	13-3989915	.....	.....	.....	Rayant Insurance Company of New York	NY	..JA	WellPoint Holding Corp	Ownership.....	..100.000	WellPoint, Inc. ....	.....
..0671	WellPoint, Inc. ....	..83640	36-3506910	.....	.....	.....	RightCHOICE Insurance Company	JL	..JA	RightCHOICE Managed Care, Inc.	Ownership.....	..100.000	WellPoint, Inc. ....	.....
..0671	WellPoint, Inc. ....	.....	47-0851593	.....	.....	.....	RightCHOICE Managed Care, Inc.	DE	..NIA	Anthem Holding Corp.	Ownership.....	..100.000	WellPoint, Inc. ....	.....
..0671	WellPoint, Inc. ....	..11011	84-0747736	.....	.....	.....	Rocky Mountain Hospital and Medical Service, Inc.	CO	..JA	ATH Holding Company, LLC	Ownership.....	..100.000	WellPoint, Inc. ....	.....
..0671	WellPoint, Inc. ....	.....	20-0473316	.....	.....	.....	SellCore, Inc.	DE	..NIA	WellPoint, Inc.	Ownership.....	..100.000	WellPoint, Inc. ....	.....
..0671	WellPoint, Inc. ....	.....	55-0712302	.....	.....	.....	Southeast Services, Inc.	VA	..NIA	Anthem Southeast, Inc.	Ownership.....	..100.000	WellPoint, Inc. ....	.....
..0671	WellPoint, Inc. ....	.....	45-4071004	.....	.....	.....	State Sponsored Business UM Services, Inc.	JN	..NIA	UNICARE Specialty Services, Inc.	Ownership.....	..100.000	WellPoint, Inc. ....	.....
..0671	WellPoint, Inc. ....	.....	20-3806260	.....	.....	.....	Summit Administrative Services, L.L.C.	MO	..NIA	RightCHOICE Managed Care, Inc.	Ownership.....	..100.000	WellPoint, Inc. ....	.....
..0671	WellPoint, Inc. ....	.....	35-1835818	.....	.....	.....	The WellPoint Companies, Inc.	JN	..NIA	ATH Holding Company, LLC	Ownership.....	..100.000	WellPoint, Inc. ....	.....
..0671	WellPoint, Inc. ....	.....	43-1967924	.....	.....	.....	TrustSolutions, LLC	WI	..NIA	Government Health Services, LLC	Ownership.....	..100.000	WellPoint, Inc. ....	.....
..0671	WellPoint, Inc. ....	..70700	36-3304416	.....	.....	.....	UNICARE Health Insurance Company of the Midwest	JL	..JA	UNICARE Illinois Services, Inc.	Ownership.....	..100.000	WellPoint, Inc. ....	.....
..0671	WellPoint, Inc. ....	..12805	20-4842073	.....	.....	.....	UNICARE Health Plan of Kansas, Inc. ...	KS	..JA	UNICARE National Services, Inc.	Ownership.....	..100.000	WellPoint, Inc. ....	.....
..0671	WellPoint, Inc. ....	..11810	84-1620480	.....	.....	.....	UNICARE Health Plan of West Virginia, Inc.	WV	..JA	UNICARE National Services, Inc.	Ownership.....	..100.000	WellPoint, Inc. ....	.....
..0671	WellPoint, Inc. ....	..95420	74-2151310	.....	.....	.....	UNICARE Health Plans of Texas, Inc. ...	TX	..JA	UNICARE Illinois Services, Inc.	Ownership.....	..100.000	WellPoint, Inc. ....	.....
..0671	WellPoint, Inc. ....	..95505	36-3897076	.....	.....	.....	UNICARE Health Plans of the Midwest, Inc.	JL	..JA	UNICARE Illinois Services, Inc.	Ownership.....	..100.000	WellPoint, Inc. ....	.....
..0671	WellPoint, Inc. ....	.....	36-3899137	.....	.....	.....	UNICARE Illinois Services, Inc.	JL	..NIA	UNICARE National Services, Inc.	Ownership.....	..100.000	WellPoint, Inc. ....	.....
..0671	WellPoint, Inc. ....	..80314	52-0913817	.....	.....	.....	UNICARE Life & Health Insurance Company	JN	..JA	UNICARE National Services, Inc.	Ownership.....	..100.000	WellPoint, Inc. ....	.....
..0671	WellPoint, Inc.	95-4635507	UNICARE National Services, Inc.	DE	..NIA	Anthem Holding Corp.	Ownership.....	..100.000	WellPoint, Inc.

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SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	*
..0671	WellPoint, Inc.		77-0494551				UNICARE Specialty Services, Inc.	DE	NIA.....	Anthem Holding Corp.	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		39-1946735				United Government Services, LLC	WI	NIA.....	Blue Cross Blue Shield of Wisconsin	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		36-4014617				UtiliMED IPA, Inc.	NY	NIA.....	American Imaging Management, Inc. ..	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		20-4405193				WellPoint Acquisition, LLC	JN	NIA.....	WellPoint, Inc.	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		20-2156380				WellPoint Behavioral Health, Inc.	DE	NIA.....	UNICARE Specialty Services, Inc.	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		95-4640531				WellPoint California Services, Inc. ..	DE	NIA.....	Anthem Holding Corp.	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		95-4657170				WellPoint Dental Services, Inc.	DE	NIA.....	UNICARE Specialty Services, Inc.	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		20-3620996				WellPoint Holding Corp	DE	NIA.....	WellPoint, Inc.	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		45-2736438				WellPoint Information Technology Services, Inc.	CA	NIA.....	Blue Cross of California	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		36-4595641				WellPoint Insurance Services, Inc.	HI	NIA.....	WellPoint, Inc.	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		36-3897080				WellPoint Partnership Plan, LLC	JL	NIA.....	Health Ventures Partner, L.L.C.	Ownership.....	..75.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		36-3897080				WellPoint Partnership Plan, LLC	JL	NIA.....	UNICARE Illinois Services, Inc.	Ownership.....	..25.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		35-2145715		6324	New York Stock Exchange (NYSE)	WellPoint, Inc.	JN	UIP.....				WellPoint, Inc.	
..0671	WellPoint, Inc.		98-0552141				WPMI Enterprise Consulting and Service Co., LTD	China	NIA.....	WPMI, LLC	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		20-8672847				WPMI, LLC	DE	NIA.....	ATH Holding Company, LLC	Ownership.....	..62.500	WellPoint, Inc. ....	..0105

Asterisk	Explanation
0100	Insurer is deemed to be an insurance affiliate in column 10, but doesn't have an NAIC code in column 3 because it is regulated by the California Department of Managed Health Care.
0101	Insurer is deemed to be an insurance affiliate in column 10, but doesn't have an NAIC code in column 3 because it is regulated by the California Department of Managed Health Care.
0102	Insurer is deemed to be an insurance affiliate in column 10, but doesn't have an NAIC code in column 3 because it is regulated by the California Department of Managed Health Care.
0103	10.71% owned by unaffiliated investors
0104	Insurer is deemed to be an insurance affiliate in column 10, but doesn't have an NAIC code in column 3 because it is regulated by the California Department of Managed Health Care.
0105	37.5% owned by unaffiliated investors

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
11069	36-4384128	American Imaging Management East, LLC					(5,080,942)				(5,080,942)	
	36-3692630	American Imaging Management, Inc.					(37,904,184)				(37,904,184)	
62825	95-4331852	Anthem Blue Cross Life and Health Insurance Company, Inc.					(1,036,333,926)	(5,068,307)			(1,041,402,233)	4,080,947
95120	61-1237516	Anthem Health Plans of Kentucky, Inc.	(160,000,000)				(265,284,438)				(425,284,438)	
52618	31-1705652	Anthem Health Plans of Maine, Inc.	(48,800,000)				(102,004,006)				(150,804,006)	
53759	02-0510530	Anthem Health Plans of New Hampshire, Inc.										
			(25,000,000)				(50,855,055)				(75,855,055)	
71835	54-0357120	Anthem Health Plans of Virginia, Inc.		(359,500,000)			(476,359,991)	(1,819,542)			(837,679,533)	(5,230,081)
60217	06-1475928	Anthem Health Plans, Inc.	(300,000,000)				(304,899,701)				(604,899,701)	
	61-1459939	Anthem Holding Corp.					13,140,651				13,140,651	
28207	35-0781558	Anthem Insurance Companies, Inc.	(275,000,000)				(769,872,927)	(21,676,040)			(1,066,548,967)	31,370,787
13573	20-5876774	Anthem Life and Disability Insurance Company					(192,421)				(192,421)	
61069	35-0980405	Anthem Life Insurance Company			122,511,721		(31,800,606)	3,071,240			93,782,355	(18,116,278)
	32-0031791	Anthem Southeast, Inc.					(99,315)				(99,315)	
	35-2129194	Anthem UM Services, Inc.					5,631,620				5,631,620	
	20-2858325	Arcus Financial Services, Inc.					1,550,360				1,550,360	
	11-3713086	ATH Holding Company, LLC					41,760,191				41,760,191	
54801	58-0469845	Blue Cross and Blue Shield of Georgia, Inc.	(198,100,000)				(171,038,650)				(369,138,650)	
96962	58-1638390	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	(64,700,000)				(294,601,393)				(359,301,393)	
54003	39-0138065	Blue Cross Blue Shield of Wisconsin	(88,207,249)				(103,293,546)	(298,264)			(191,799,059)	(82,651)
	95-3760980	Blue Cross of California	(500,000,000)				(405,698,514)	(426,960)			(906,125,474)	3,614,507
	20-2994048	Blue Cross of California Partnership Plan, Inc.					(79,933,937)				(79,933,937)	
	95-4694706	Caremore Health Plan					(6,992,844)				(6,992,844)	
13562	38-3975280	Caremore Health Plan of Arizona, Inc.					(12,212,518)				(12,212,518)	
13605	26-4001602	Caremore Health Plan of Nevada					(4,324,377)				(4,324,377)	
	20-2076421	Caremore Medical Enterprises					16,536,895				16,536,895	
	39-1413702	Claim Management Services, Inc.					(226,440)				(226,440)	
10345	31-1440175	Community Insurance Company	(375,600,000)				(721,380,324)				(1,096,980,324)	
95693	39-1462554	Compcare Health Services Insurance Corporation	(21,792,751)	(18,207,249)			(50,675,483)				(90,675,483)	
	20-0334650	Crossroads Acquisition Corp.					662,307				662,307	
	13-3934328	EHC Benefits Agency, Inc.					2,902,693				2,902,693	
55093	23-7391136	Empire HealthChoice Assurance, Inc.	(210,000,000)				(822,221,248)				(1,032,221,248)	
95433	13-3874803	Empire HealthChoice HMO, Inc.	(170,000,000)				(139,348,014)				(309,348,014)	
	95-2907752	Golden West Health Plan, Inc.					(2,286,935)				(2,286,935)	
97217	58-1473042	Greater Georgia Life Insurance Company	(1,900,000)				(5,746,987)				(7,646,987)	
	51-0365660	Health Core, Inc.					(14,346,391)				(14,346,391)	
	54-1237939	Health Management Corporation					8,931,123				8,931,123	
95169	54-1356687	HealthKeepers, Inc.	(126,300,000)				(153,199,262)	1,819,542			(277,679,720)	5,230,081

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Community Insurance Company

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
96475	43-1616135	HealthLink HMO, Inc.	(12,000,000)				10,848,000	121,282			(1,030,718)	17,909
	43-1364135	HealthLink, Inc.					(77,510,679)				(77,510,679)	
78972	86-0257201	Healthy Alliance Life Insurance Company	(80,000,000)				(234,136,378)				(314,136,378)	
95473	84-1017384	HMO Colorado, Inc.	(2,528,372)	(17,471,628)			(19,370,030)				(39,370,030)	
95358	37-1216698	HMO Missouri, Inc.	(44,500,000)				(20,932,410)				(65,432,410)	
	98-0408753	HTH Re, LTD						5,068,307			5,068,307	(4,080,947)
	39-1582567	Imaging Management Holdings, LLC					789,984				789,984	
95527	02-0494919	Matthew Thornton Health Plan, Inc.	(25,000,000)				(62,138,240)				(87,138,240)	
	39-2013971	Meridian Resource Company, LLC					(7,113,093)				(7,113,093)	
	52-1519940	National Capital Preferred Provider Organization, Inc.					372,121				372,121	
	35-1840597	National Government Services, Inc.					(10,958,934)				(10,958,934)	
85286	75-1461960	OneNation Insurance Company					(371,285)	508,585			137,300	246,073
	43-1595640	R&P Realty					231,707				231,707	
60024	13-3989915	Rayant Insurance Company of New York									0	
	56-2396739	Resolution Health, Inc.					17,292,937				17,292,937	
83640	36-3506910	RightCHOICE Insurance Company					(42,658)				(42,658)	
	47-0851593	RightCHOICE Managed Care, Inc.					(19,442,514)				(19,442,514)	
11011	84-0747736	Rocky Mountain Hospital and Medical Service, Inc.	(69,943,256)				(230,311,504)	22,149,493			(278,105,267)	(39,437,447)
	55-0712302	Southeast Services, Inc.					13,038,922				13,038,922	
	35-1835818	The WellPoint Companies, Inc.					3,200,066,822				3,200,066,822	
	43-1967924	TrustSolutions, LLC					(689,457)				(689,457)	
10076	76-0646301	UNICARE Health Insurance Company of Texas					(150,159)				(150,159)	
70700	36-3304416	UNICARE Health Insurance Company of the Midwest	(2,200,000)				(2,705,533)				(4,905,533)	
12805	20-4842073	UNICARE Health Plan of Kansas, Inc.					(15,631,130)				(15,631,130)	
11810	84-1620480	UNICARE Health Plan of West Virginia, Inc.										
			(2,800,000)				(16,772,410)				(19,572,410)	
95420	74-2151310	UNICARE Health Plans of Texas, Inc.	(20,000,000)				(4,679,189)				(24,679,189)	
95505	36-3897076	UNICARE Health Plans of the Midwest, Inc.	(3,600,000)				(1,959,928)				(5,559,928)	
80314	52-0913817	UNICARE Life & Health Insurance Company	(56,623,349)	(19,576,651)	(122,511,721)		(55,660,233)	(3,449,336)			(257,821,290)	22,387,100
	95-4635507	UNICARE National Services, Inc.					3,921,971				3,921,971	
	77-0494551	UNICARE Specialty Services, Inc.					(120,555)				(120,555)	
	95-4613835	WellPoint Behavioral Health, Inc.					(132,540)				(132,540)	
	95-4640531	WellPoint California Services, Inc.	50,336,250								50,336,250	
	95-4657170	WellPoint Dental Services, Inc.					8,628,106				8,628,106	
	20-3620996	WellPoint Holding Corp	300,000,000				122,420,239				422,420,239	
	36-3897080	WellPoint Partnership Plan, LLC					(8,359,669)				(8,359,669)	
	35-2145715	WellPoint, Inc.	2,534,258,727	414,755,528			3,392,603,866				6,341,618,121	
	98-0552141	WPMI (Shanghai) Enterprise Consulting & Serv Co. Ltd. (G2510)					(429,411)				(429,411)	
	20-8672847	WPMI, LLC					(3,498,201)				(3,498,201)	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Community Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES










The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
MARCH FILING		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?.....	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING		
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?.....	NO
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
APRIL FILING		
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING		
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		

Bar Codes:

12.	Life Supplement [Document Identifier 205]	
13.	Property/Casualty Supplement [Document Identifier 207]	
14.	SIS Stockholder Information Supplement [Document Identifier 420]	
15.	Participating Opinion for Exhibit 5 [Document Identifier 371]	
16.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
17.	Medicare Part D Coverage Supplement [Document Identifier 365]	
18.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
19.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
20.	Relief from the Requirements for Audit Committees [Document Identifier 226]	

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Community Insurance Company

21. Long-Term Care Experience Reporting Forms [Document Identifier 306]



22. Life Supplement [Document Identifier 211]



23. Property/Casualty Supplement Insurance Expense Exhibit
[Document Identifier 213]





SUPPLEMENT FOR THE YEAR 2011 OF THE Community Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2011
(To Be Filed by March 1)

FOR THE STATE OF Ohio.....
NAIC Group Code 0671..... NAIC Company Code 10345.....
ADDRESS (City, State and Zip Code) Mason , OH 45040-9498
Person Completing This Exhibit Christian Lindy
Title Actuarial Analyst..... Telephone Number 502-889-2740.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009; 2010; 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	PD003	P		.0200560	10/29/1991			01/01/1992	Medicomp 2	8,925,135	6,967,663	78.1	2,419	0	0	0.0	0
YES	PD009	P		.0204060	07/18/1990			01/01/1992	Mediplus Standard	64,827	60,673	93.6	24	0	0	0.0	0
YES	PD010	P		.0200560	10/29/1991			01/01/1992	Medicomp 1	102,108	58,218	57.0	68	0	0	0.0	0
YES	PD011	A		.0204060	03/10/1992			06/01/2010	Medicomp A	230,982	166,644	72.1	49	25,567	87,044	340.5	5
YES	PD014	D		.0204000	03/10/1992			06/01/2010	Medicomp D	802,522	476,613	59.4	210	0	0	0.0	0
YES	PD021	P		.0200560	01/21/1992			01/01/1992	Medicomp 3	677,016	652,872	96.4	104	0	0	0.0	0
									Insurance for One, Medicare Supplement Plan A – Attained Age								
YES	PD027	A		.0034000	08/31/1994			06/01/2010	Insurance for One, Medicare Supplement Plan A – Attained Age	106,232	88,036	82.9	65	23,091	10,669	46.2	16
									Insurance for One, Medicare Supplement Plan C – Attained Age								
YES	PD028	C		.0034000	08/31/1994			06/01/2010	Insurance for One, Medicare Supplement Plan C – Attained Age	13,424,990	9,446,882	70.4	5,071	1,195,605	980,888	82.0	599
									Insurance for One, Medicare Supplement Plan F – Attained Age								
YES	PD029	F		.0034000	08/31/1994			06/01/2010	Insurance for One, Medicare Supplement Plan F – Attained Age	7,491,915	5,201,576	69.4	2,822	1,314,007	945,092	71.9	613
									Insurance for One, Medicare Supplement Plan I – Attained Age								
YES	PD030	I		.0034000	08/31/1994			01/01/2006	Insurance for One, Medicare Supplement Plan I – Attained Age	615,962	384,401	62.4	196	0	0	0.0	0
									Insurance for One, Medicare Supplement Plan B – Attained Age								
YES	PD031	B		.0034000	10/11/1994			06/01/2010	Insurance for One, Medicare Supplement Plan B – Attained Age	233,298	164,937	70.7	96	18,728	21,150	112.9	10
									Insurance for One, Medicare Supplement Plan D – Attained Age								
YES	PD032	D		.0034000	10/11/1994			06/01/2010	Insurance for One, Medicare Supplement Plan D – Attained Age	333,269	255,943	76.8	125	27,267	24,730	90.7	11
									Insurance for One, Medicare Supplement Plan E – Attained Age								
YES	PD033	E		.0034000	10/11/1994			06/01/2010	Insurance for One, Medicare Supplement Plan E – Attained Age	53,573	53,189	99.3	21	7,476	1,787	23.9	3
									Insurance for One, Medicare Supplement Plan G – Attained Age								
YES	PD034	G		.0034000	10/11/1994			06/01/2010	Insurance for One, Medicare Supplement Plan G – Attained Age	442,797	260,407	58.8	177	25,491	11,889	46.6	10
									Insurance for One, Medicare Supplement Plan H – Attained Age								
YES	PD035	H		.0034000	10/11/1994			01/01/2006	Insurance for One, Medicare Supplement Plan H – Attained Age	219,330	143,671	65.5	75	0	0	0.0	0
									Health Maintenance Plan (Medicare Supplement product)								
YES	CG008	P		.0200560	10/29/1991			01/01/1992	Modernized MedSupp Plan A	0	0	0.0	0	0	0	0.0	0
YES	WPPLANAM(09)–OH	A		.0034060	06/01/2010				Modernized MedSupp Plan A	0	0	0.0	0	120,754	205,363	170.1	51
									Modernized MedSupp Plan F								
YES	WPPLANFM(09)–OH	F		.0034000	06/01/2010				Modernized MedSupp Plan F	0	0	0.0	0	8,725,084	6,656,506	76.3	7,497
									Modernized MedSupp Plan G								
YES	WPPLANGM(09)–OH	G		.0034000	06/01/2010				Modernized MedSupp Plan G	0	0	0.0	0	693,470	495,680	71.5	674
	WPPLANHFIM(09)–OH								Modernized MedSupp Plan High F								
YES	OH	F		.0034000	06/01/2010				Modernized MedSupp Plan High F	0	0	0.0	0	293,487	69,083	23.5	635



SUPPLEMENT FOR THE YEAR 2011 OF THE Community Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2011
(To Be Filed by March 1)

FOR THE STATE OF Ohio.....
NAIC Group Code 0671..... NAIC Company Code 10345.....
ADDRESS (City, State and Zip Code) Mason , OH 45040-9498.....
Person Completing This Exhibit Christian Lindy.....
Title Actuarial Analyst..... Telephone Number 502-889-2740.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009; 2010; 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	WPPLANMM(09)-OH	N		.0034000	.06/01/2010				Modernized MedSupp Plan N	.0	.0	.0.0	.0	1,896,031	1,342,976	70.8	2,397
0199999. Total Experience on Individual Policies										33,723,956	24,381,725	72.3	11,522	14,366,058	10,852,857	75.5	12,521
YES	PD023	A		.0030500	.06/14/1994			.06/01/2010	Insurance for One, Medicare Supplement Plan A	2,079	.207	10.0	.1	.0	.0	.0.0	.0
YES	PD024	C		.0030500	.06/14/1994			.06/01/2010	Insurance for One, Medicare Supplement Plan C	117,888	78,443	66.5	.37	.0	.0	.0.0	.0
YES	PD025	F		.0030500	.06/14/1994			.06/01/2010	Insurance for One, Medicare Supplement Plan F	66,430	33,435	50.3	.19	.0	.0	.0.0	.0
YES	PD026	I		.0030500	.06/14/1994			.01/01/2006	Insurance for One, Medicare Supplement Plan I	3,371	1,528	45.3	.1	.0	.0	.0.0	.0
YES	PD037	C		.0234000	.07/26/1995			.06/01/2010	Insurance for One, Medicare Select Plan C	8,734,113	7,162,716	82.0	3,962	1,471,308	1,358,949	92.4	895
YES	PD038	F		.0234000	.07/26/1995			.06/01/2010	Insurance for One, Medicare Select Plan F	2,628,499	1,778,391	67.7	1,170	397,567	354,086	89.1	241
YES	TA010	A		.0234000	.09/09/1993			.06/01/2010	Insurance for One, Medicare Supplement Plan A	316,343	215,397	68.1	.208	24,659	21,708	88.0	15
YES	TA011	C		.0234000	.09/09/1993			.06/01/2010	Insurance for One, Medicare Supplement Plan C	22,383,083	17,497,247	78.2	8,705	1,992,898	1,685,372	84.6	743
YES	TA012	F		.0234000	.09/09/1993			.06/01/2010	Insurance for One, Medicare Supplement Plan F	18,906,003	12,781,744	67.6	7,479	2,495,236	1,788,624	71.7	952
YES	TA013	I		.0234000	.09/09/1993			.01/01/2006	Insurance for One, Medicare Supplement Plan I	1,629,844	1,143,981	70.2	.588	.0	.0	.0.0	.0
0299999. Total Experience on Group Policies										54,787,653	40,693,089	74.3	22,170	6,381,668	5,208,739	81.6	2,846



SUPPLEMENT FOR THE YEAR 2011 OF THE Community Insurance Company
GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 145 S. Pioneer Road Fond du Lac , WI 54935
2.2 Contact Person and Phone Number: Lisa Halbach 920-923-8334
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 2100 Corporate Center Drive Newbury Park , CA 91320
3.2 Contact Person and Phone Number: Patty Stolze 805-713-8063
- 4. Explain any policies identified above as policy type "O".

ANNUAL STATEMENT BLANK

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