



## HEALTH ANNUAL STATEMENT

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

### Community Insurance Company

NAIC Group Code	0671	0671	NAIC Company Code	10345	Employer's ID Number	31-1440175
Organized under the Laws of	(Current)	(Prior)				
	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			Mason, OH 45040-9498		
	(Street and Number)			(City or Town, State and Zip Code)		
Main Administrative Office	4361 Irwin Simpson Road					
	(Street and Number)					
	Mason, OH 45040-9498			513-872-8100		
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number)		
Mail Address	6775 W. Washington Street			Milwaukee, WI 53214		
	(Street and Number or P.O. Box)			(City or Town, State and Zip Code)		
Primary Location of Books and Records	6775 W. Washington Street					
	(Street and Number)					
	Milwaukee, WI 53214			414-459-6833		
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number)		
Internet Website Address	www.anthem.com					
Statutory Statement Contact	Brenda J. Buss			414-459-6833		
	(Name)			(Area Code) (Telephone Number)		
	brenda.buss@bcbswi.com			414-459-6229		
	(E-mail Address)			(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

#### DIRECTORS OR TRUSTEES

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

State of Ohio  
County of Warren SS:

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

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Community Insurance Company

## **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Community Insurance Company

**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

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Community Insurance Company

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

## Aging Analysis of Unpaid Claim

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Community Insurance Company

**EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Blue Cross of California .....	26,616,229					26,616,229	
Anthem Health Plans, Inc. ....	48,446,056					48,446,056	
Anthem Insurance Companies, Inc. ....	67,920,778					67,920,778	
0199999. Individually listed receivables	142,983,063	0	0	0	0	142,983,063	0
0299999. Receivables not individually listed	106,952,910					106,952,910	
0399999 Total gross amounts receivable	249,935,973	0	0	0	0	249,935,973	0

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Community Insurance Company

**EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Anthem Blue Cross Life and Health Insurance Company .....	Claims paid by affiliate .....	34,136	34,136	
Anthem Blue Cross Life and Health Insurance Company .....	Administrative expenses .....	32,046,067	32,046,067	
Empire HealthChoice Assurance, Inc. ....	Claims paid by affiliate .....	32,862,730	32,862,730	
WellPoint, Inc. ....	Accounts payable paid by affiliate .....	11,978,251	11,978,251	
WellPoint, Inc. ....	Administrative expenses .....	37,134,894	37,134,894	
Anthem Health Plans, Inc. ....	Claims paid by affiliate .....	65,916,907	65,916,907	
0199999. Individually listed payables		179,972,985	179,972,985	0
0299999. Payables not individually listed		103,234,977	103,234,977	
0399999 Total gross payables		283,207,962	283,207,962	0

## 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
9999999 Totals				XXX	XXX

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Community Insurance Company

**EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 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

(LOCATION)

NAIC Group Code	0671	BUSINESS IN THE STATE OF	Indiana	DURING THE YEAR					NAIC Company Code	10345		
				1 Total	2 Individual	3 Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid
<b>Total Members at end of:</b>												
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		
<b>Total Member Ambulatory Encounters for Year:</b>												
7 Physician .....				48,285						48,285		
8 Non-Physician .....				24,920						24,920		
9. Total .....				73,205	0	0	0	0	0	73,205	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 products ..... 7,296 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

(LOCATION)

NAIC Group Code	0671	BUSINESS IN THE STATE OF	Ohio		DURING THE YEAR				NAIC Company Code	10345
			1 Total	2 Individual	3 Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	
<b>Total Members at end of:</b>										
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
<b>Total Member Ambulatory Encounters for Year:</b>										
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
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)
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)
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
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
										77,505,140

(a) For health business: number of persons insured under PPO managed care products ..... 1,337,033 and number of persons insured under indemnity only products ..... 59,690 .

(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

(LOCATION)

NAIC Group Code	0671	BUSINESS IN THE STATE OF	Grand Total		DURING THE YEAR				NAIC Company Code	10345		
			Comprehensive (Hospital & Medical)		4	5	6	7				
			2	3								
			Total	Individual	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
<b>Total Members at end of:</b>												
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	
<b>Total Member Ambulatory Encounters for Year:</b>												
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 products 1,344,329 and number of persons insured under indemnity only products 59,690 .

(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**

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Community Insurance Company

**SCHEDULE S - PART 5**

Five Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	1 2011	2 2010	3 2009	4 2008	5 2007
<b>A. OPERATIONS ITEMS</b>					
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>B. BALANCE SHEET ITEMS</b>					
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
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Community Insurance Company  
**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)
<b>ASSETS (Page 2, Col. 3)</b>			
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
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
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
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
16. Claims unpaid .....	0		0
17. Accrued medical incentive pool .....	0		0
18. Premiums received in advance .....	0		0
19. Reinsurance recoverable on paid losses .....	0		0
20. Other ceded reinsurance recoverables .....	0		0
21. Total ceded reinsurance recoverables .....	0		0
22. Premiums receivable .....	0		0
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		0
24. Unauthorized reinsurance .....	0		0
25. Other ceded reinsurance payables/offsets .....	0		0
26. Total ceded reinsurance payables/offsets .....	0		0
27. Total net credit for ceded reinsurance	0		0

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Community Insurance Company

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

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 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	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.	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. .. Anthem Blue Cross and Blue Shield Plan Administrator, LLC ..	IL	NIA		Ownership.....	100.000	WellPoint, Inc.		
..0671	WellPoint, Inc.		26-1974650			Anthem Blue Cross Life and Health Insurance Company ..	IN	NIA	Anthem Health Plans, Inc. ..	Ownership.....	100.000	WellPoint, Inc.		
..0671	WellPoint, Inc.	62825	95-4331852			Anthem Credentialing Services, Inc. ..	CA	JA	WellPoint California Services, Inc.	Ownership.....	100.000	WellPoint, Inc.		
..0671	WellPoint, Inc.		34-1979156			Anthem Financial, Inc. ..	DE	NIA	ATH Holding Company, LLC ..	Ownership.....	100.000	WellPoint, Inc.		
..0671	WellPoint, Inc.		35-1898945			Anthem Health Insurance Company of Nevada ..	DE	NIA	Associated Group, Inc. ..	Ownership.....	100.000	WellPoint, Inc.		
..0671	WellPoint, Inc.		26-1498094			Anthem Health Plans of Kentucky, Inc. ..	NV	NIA	HMO Colorado, Inc. ..	Ownership.....	100.000	WellPoint, Inc.		
..0671	WellPoint, Inc.	95120	61-1237516			Anthem Health Plans of Maine, Inc. ..	KY	JA	ATH Holding Company, LLC ..	Ownership.....	100.000	WellPoint, Inc.		
..0671	WellPoint, Inc.	52618	31-1705652			Anthem Health Plans of New Hampshire, Inc. ..	ME	JA	ATH Holding Company, LLC ..	Ownership.....	100.000	WellPoint, Inc.		
..0671	WellPoint, Inc.	53759	02-0510530			Anthem Health Plans of Virginia, Inc. ..	NH	JA	ATH Holding Company, LLC ..	Ownership.....	100.000	WellPoint, Inc.		
..0671	WellPoint, Inc.	71835	54-0357120	40003317		Anthem Southeast, Inc. ..	VA	JA	Anthem Southeast, Inc. ..	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. ..	IN	NIA	WellPoint, Inc. ..	Ownership.....	100.000	WellPoint, Inc.		
..0671	WellPoint, Inc.		28207	35-0781558		Anthem Insurance Companies, Inc. ..	IN	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 ..	IN	JA	Rocky Mountain Hospital and Medical Service, Inc. ..	Ownership.....	100.000	WellPoint, Inc.		
..0671	WellPoint, Inc.		32-0031791			Anthem Southeast, Inc. ..	IN	NIA	WellPoint, Inc. ..	Ownership.....	100.000	WellPoint, Inc.		
..0671	WellPoint, Inc.		35-2129194			Anthem UM Services, Inc. ..	IN	NIA	UNICARE Specialty Services, Inc. ..	Ownership.....	100.000	WellPoint, Inc.		
..0671	WellPoint, Inc.		30-0606541			Anthem Workers' Compensation, LLC ..	IN	NIA	Anthem Blue Cross Life and Health Insurance Company ..	Ownership.....	75.000	WellPoint, Inc.		
..0671	WellPoint, Inc.		30-0606541			Anthem Workers' Compensation, LLC ..	IN	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. ..	IN	NIA	Arcus Enterprises, Inc. ..	Ownership.....	100.000	WellPoint, Inc.		
..0671	WellPoint, Inc.		20-2858384			ARCUS HealthLiving Services, Inc. ..	IN	NIA	Arcus Enterprises, Inc. ..	Ownership.....	100.000	WellPoint, Inc.		
..0671	WellPoint, Inc.		35-1292384			Associated Group, Inc. ..	IN	NIA	Anthem Insurance Companies, Inc. ..	Ownership.....	100.000	WellPoint, Inc.		
..0671	WellPoint, Inc.		11-3713086			ATH Holding Company, LLC ..	IN	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	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.	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**

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.	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	IN	JA	ATH Holding Company, LLC	Ownership.....	100.000	WellPoint California Services, 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			Radian Services, LLC	IN	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.	IN	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	JL	NIA	Government Health Services, LLC	Ownership.....	100.000	WellPoint, Inc.		
.0671	WellPoint, Inc.	70700	36-3304416			UNICARE Health Insurance Company of the Midwest	IL	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.	JV	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.		

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Community Insurance Company

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domesticiliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner-ship Provide Percen-tage	14 Ultimate Controlling Entity(ies)/Person(s)	15
..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	IN	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	IL	NIA	Health Ventures Partner, L.L.C.	Ownership	.75.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		36-3897080		6324		WellPoint Partnership Plan, LLC	IL	NIA	UNICARE Illinois Services, Inc.	Ownership	.25.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		35-2145715			New York Stock Exchange (NYSE)	WPMI, Inc.	IN	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

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Community Insurance Company

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

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 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.	(210,000,000)				2,902,693				2,902,693	
.55093	23-7391136	Empire HealthChoice Assurance, Inc.	(170,000,000)				(822,221,248)				(1,032,221,248)	
.95433	13-3874803	Empire HealthChoice HMO, Inc.					(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 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 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					17,292,937				17,292,937	
	56-2396739	Resolution Health, Inc.					(42,658)				(42,658)	
.83640	36-3506910	RightCHOICE Insurance Company					(19,442,514)				(19,442,514)	
	47-0851593	RightCHOICE Managed Care, Inc.										
.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					8,628,106			50,336,250	
	95-4657170	WellPoint Dental Services, Inc.						122,420,239			8,628,106	
	20-3620996	WellPoint Holding Corp	300,000,000								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
	<b>MARCH FILING</b>	
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
	<b>APRIL FILING</b>	
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
	<b>JUNE FILING</b>	
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
	<b>AUGUST FILING</b>	
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.	
	<b>MARCH FILING</b>	
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
	<b>APRIL FILING</b>	
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
	<b>AUGUST FILING</b>	
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]	 1 0 3 4 5 2 0 1 1 2 0 5 0 0 0 0 0
13.	Property/Casualty Supplement [Document Identifier 207]	 1 0 3 4 5 2 0 1 1 2 0 7 0 0 0 0 0
14.	SIS Stockholder Information Supplement [Document Identifier 420]	 1 0 3 4 5 2 0 1 1 4 2 0 0 0 0 0 0
15.	Participating Opinion for Exhibit 5 [Document Identifier 371]	 1 0 3 4 5 2 0 1 1 3 7 1 0 0 0 0 0
16.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	 1 0 3 4 5 2 0 1 1 3 7 0 0 0 0 0 0
17.	Medicare Part D Coverage Supplement [Document Identifier 365]	 1 0 3 4 5 2 0 1 1 3 7 6 5 0 0 0 0 0
18.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 1 0 3 4 5 2 0 1 1 2 2 4 0 0 0 0 0
19.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 1 0 3 4 5 2 0 1 1 2 2 5 0 0 0 0 0
20.	Relief from the Requirements for Audit Committees [Document Identifier 226]	 1 0 3 4 5 2 0 1 1 2 2 6 0 0 0 0 0

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Community Insurance Company**

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



1 0 3 4 5 2 0 1 1 3 0 6 0 0 0 0 0

22. Life Supplement [Document Identifier 211]



1 0 3 4 5 2 0 1 1 2 1 1 0 0 0 0 0

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



1 0 3 4 5 2 0 1 1 2 1 1 3 0 0 0 0 0



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			14	Policies Issued in 2009; 2010; 2011			
										11	Incurred Claims			15	Incurred Claims		18
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	16 Premiums Earned	17 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	106,232	88,036	82.9	65	23,091	.10,669	46.2	16
									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
									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	615,962	384,401	62.4	196	0	0	0.0	0
									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	333,269	255,943	76.8	125	.27,267	.24,730	.90.7	.11
									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	442,797	260,407	58.8	177	.25,491	.11,889	.46.6	.10
									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)	0	0	0.0	0	0	0	0.0	0
									Modernized MedSupp Plan A	0	0	0.0	0	120,754	.205,363	.170.1	.51
									Modernized MedSupp Plan F	0	0	0.0	0	8,725,084	.6,656,506	.76.3	.7,497
									Modernized MedSupp Plan G	0	0	0.0	0	693,470	.495,680	.71.5	.674
									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
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	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES.....	WPPLANM(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	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	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

360.OH.1



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".

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