



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2012
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
(Current) (Prior)

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 Mason, OH, US 45040-9498
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 4361 Irwin Simpson Road
(Street and Number)
Mason, OH, US 45040-9498 513-872-8100
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 6775 W. Washington Street Milwaukee, WI, US 53214
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 6775 W. Washington Street
(Street and Number)
Milwaukee, WI, US 53214 414-459-6833
(City or Town, State, Country 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 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 28th day of January, 2013
Kathleen J. Fahey

- 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 2012 OF THE Community Insurance Company

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....	1,402,783	319,909	79,198	874,063	1,145,478	1,530,475
Group Subscribers:						
Federal Employee Benefit Program Group	9,880,872	243,818	95,222	675,071		10,894,983
0299997. Group subscriber subtotal	9,880,872	243,818	95,222	675,071	0	10,894,983
0299998. Premiums due and unpaid not individually listed	6,748,735	1,046,019	15,042	194,946	283,103	7,721,639
0299999. Total group	16,629,607	1,289,837	110,264	870,017	283,103	18,616,622
0399999. Premiums due and unpaid from Medicare entities	30,101,963	103,304	39,217	1,297,801		31,542,285
0499999. Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	48,134,353	1,713,050	228,679	3,041,881	1,428,581	51,689,382

ANNUAL STATEMENT FOR THE YEAR 2012 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.	7,430,365	5,431,483	5,570,234	17,909,304	17,909,304	18,432,083
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed						
0199999. Total Pharmaceutical Rebate Receivables	7,430,365	5,431,483	5,570,234	17,909,304	17,909,304	18,432,083
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	2,893,216	2,166,932	87,835	830,633	5,978,616	
0299999. Total Claim Overpayment Receivables	2,893,216	2,166,932	87,835	830,633	5,978,616	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						
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Receivables Not Individually Listed	350,601				350,601	
0699999. Total Other Receivables	350,601	0	0	0	350,601	0
0799999 Gross health care receivables	10,674,182	7,598,415	5,658,069	18,739,937	24,238,521	18,432,083

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered	1,876,600	9,011	117	91,386		1,977,114
0399999. Aggregate accounts not individually listed-covered	120,059,719	576,517	7,485	5,846,657		126,490,378
0499999. Subtotals	121,936,319	585,528	7,602	5,938,043	0	128,467,492
0599999. Unreported claims and other claim reserves						350,747,691
0699999. Total amounts withheld						
0799999. Total claims unpaid						479,215,183
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0899999. Accrued medical incentive pool and bonus amounts						2,829,024

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
Healthy Alliance Life Insurance Company	27,897,196					27,897,196	
Anthem Health Plans of Virginia, Inc.	14,607,798					14,607,798	
Anthem Insurance Companies, Inc.	42,390,962					42,390,962	
Blue Cross of California	18,664,116					18,664,116	
0199999. Individually listed receivables	103,560,072	0	0	0	0	103,560,072	0
0299999. Receivables not individually listed	18,755,746					18,755,746	
0399999 Total gross amounts receivable	122,315,818	0	0	0	0	122,315,818	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
WellPoint, Inc.	Administrative expenses	20,839,176	20,839,176	
WellPoint, Inc.	Claims paid by affiliate	9,208,069	9,208,069	
Anthem Health Plans, Inc.	Claims paid by affiliate	38,427,488	38,427,488	
Empire HealthChoice Assurance, Inc.	Claims paid by affiliate	30,010,716	30,010,716	
0199999. Individually listed payables		98,485,449	98,485,449	0
0299999. Payables not individually listed		79,175,963	79,175,963	
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0399999 Total gross payables		177,661,412	177,661,412	0

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	1,871,668	0.0	40,442	2.2		1,871,668
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	1,871,668	0.0	40,442	2.2	0	1,871,668
Other Payments:						
5. Fee-for-service	1,716,448,776	39.6	XXX	XXX		1,716,448,776
6. Contractual fee payments	2,517,612,960	58.1	XXX	XXX		2,517,612,960
7. Bonus/withhold arrangements - fee-for-service	651,141	0.0	XXX	XXX		651,141
8. Bonus/withhold arrangements - contractual fee payments	5,217,476	0.1	XXX	XXX		5,217,476
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	91,489,318	2.1	XXX	XXX		91,489,318
12. Total other payments	4,331,419,671	100.0	XXX	XXX	0	4,331,419,671
13. TOTAL (Line 4 plus Line 12)	4,333,291,339	100%	XXX	XXX	0	4,333,291,339

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

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		56,112,742	1,240,688	1,240,688	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	4,874,802		1,723,284	3,151,517	3,151,517	
6. Total	62,228,232	0	57,836,026	4,392,205	4,392,205	0



ANNUAL STATEMENT FOR THE YEAR 2012 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	0671	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Indiana		2012							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10345	
	Total	2	3	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	7,296							7,296				
2. First Quarter	6,344							6,344				
3. Second Quarter	6,378							6,378				
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	44,446							44,446				
Total Member Ambulatory Encounters for Year:												
7. Physician	51,537							51,537				
8. Non-Physician	27,428							27,428				
9. Total	78,965	0	0	0	0	0	0	78,965	0	0		
10. Hospital Patient Days Incurred	12,750							12,750				
11. Number of Inpatient Admissions	1,781							1,781				
12. Health Premiums Written (b)	43,393,632							43,393,632				
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	43,386,932							43,386,932				
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services.....	46,313,635							46,313,635				
18. Amount Incurred for Provision of Health Care Services	36,474,721							36,474,721				

(a) For health business: number of persons insured under PPO managed care products 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 \$43,393,632



ANNUAL STATEMENT FOR THE YEAR 2012 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			DURING THE YEAR							(LOCATION)	
		1	Ohio		4	5	6	7	8	9	10		
			2	3								NAIC Company Code	10345
		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	1,735,902	117,381	644,885	49,059	116,994	111,596	0	113,934		582,053		
2.	First Quarter	1,876,160	116,568	604,968	51,132	144,791	117,347	181,526	117,348		542,480		
3.	Second Quarter	1,873,321	115,414	595,506	51,946	149,009	122,262	180,929	117,826		540,429		
4.	Third Quarter	1,874,968	114,874	579,030	52,327	152,753	122,444	180,949	118,842		553,749		
5.	Current Year	1,875,569	114,315	577,680	52,439	155,030	120,598	180,678	118,954		555,875		
6.	Current Year Member Months	22,492,242	1,393,541	7,098,457	621,546	1,792,162	1,442,123	2,148,204	1,416,847		6,579,362		
Total Member Ambulatory Encounters for Year:													
7.	Physician	6,754,116	5,397	3,262,245	648,278			1,340,484	1,497,712				
8.	Non-Physician	4,122,591	3,816	2,099,485	299,947	54,674	125,200	742,377	797,092				
9.	Total	10,876,707	9,213	5,361,730	948,225	54,674	125,200	2,082,861	2,294,804	0	0		
10.	Hospital Patient Days Incurred	897,142	486	165,489	158,781			201,865	370,521				
11.	Number of Inpatient Admissions	130,294	95	39,113	15,373			23,952	51,761				
12.	Health Premiums Written (b)	5,171,386,106	321,644,497	2,462,707,813	120,773,408	7,868,141	36,693,669	853,085,711	1,261,067,880		107,544,987		
13.	Life Premiums Direct	0											
14.	Property/Casualty Premiums Written	0											
15.	Health Premiums Earned	5,186,151,991	329,550,323	2,462,842,941	117,863,618	7,868,033	36,527,959	853,095,126	1,270,859,004		107,544,987		
16.	Property/Casualty Premiums Earned	0											
17.	Amount Paid for Provision of Health Care Services	4,286,977,704	270,501,235	1,998,292,703	89,160,672	5,264,949	23,589,826	710,199,214	1,098,498,400	(18,613)	91,489,318		
18.	Amount Incurred for Provision of Health Care Services	4,376,433,234	275,543,008	1,986,366,863	90,295,583	5,298,300	23,767,089	808,685,064	1,096,057,508	(18,613)	90,438,432		

(a) For health business: number of persons insured under PPO managed care products1,494,460 and number of persons insured under indemnity only products60,026 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,261,067,880

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ANNUAL STATEMENT FOR THE YEAR 2012 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	0671	BUSINESS IN THE STATE OF	(LOCATION)										
			Grand Total			DURING THE YEAR				2012		NAIC Company Code	10345
			1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
Total	2	3	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	1,743,198	117,381	644,885	49,059	116,994	111,596	0	121,230	0	582,053			
2. First Quarter	1,882,504	116,568	604,968	51,132	144,791	117,347	181,526	123,692	0	542,480			
3. Second Quarter	1,879,699	115,414	595,506	51,946	149,009	122,262	180,929	124,204	0	540,429			
4. Third Quarter	1,874,968	114,874	579,030	52,327	152,753	122,444	180,949	118,842	0	553,749			
5. Current Year	1,875,569	114,315	577,680	52,439	155,030	120,598	180,678	118,954	0	555,875			
6. Current Year Member Months	22,536,688	1,393,541	7,098,457	621,546	1,792,162	1,442,123	2,148,204	1,461,293	0	6,579,362			
Total Member Ambulatory Encounters for Year:													
7. Physician	6,805,653	5,397	3,262,245	648,278	0	0	1,340,484	1,549,249	0	0			
8. Non-Physician	4,150,019	3,816	2,099,485	299,947	54,674	125,200	742,377	824,520	0	0			
9. Total	10,955,672	9,213	5,361,730	948,225	54,674	125,200	2,082,861	2,373,769	0	0			
10. Hospital Patient Days Incurred	909,892	486	165,489	158,781	0	0	201,865	383,271	0	0			
11. Number of Inpatient Admissions	132,075	95	39,113	15,373	0	0	23,952	53,542	0	0			
12. Health Premiums Written (b)	5,214,779,738	321,644,497	2,462,707,813	120,773,408	7,868,141	36,693,669	853,085,711	1,304,461,512	0	107,544,987			
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	5,229,538,923	329,550,323	2,462,842,941	117,863,618	7,868,033	36,527,959	853,095,126	1,314,245,936	0	107,544,987			
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0			
17. Amount Paid for Provision of Health Care Services	4,333,291,339	270,501,235	1,998,292,703	89,160,672	5,264,949	23,589,826	710,199,214	1,144,812,035	(18,613)	91,489,318			
18. Amount Incurred for Provision of Health Care Services	4,412,907,955	275,543,008	1,986,366,863	90,295,583	5,298,300	23,767,089	808,685,064	1,132,532,229	(18,613)	90,438,432			

(a) For health business: number of persons insured under PPO managed care products1,494,460 and number of persons insured under indemnity only products60,026 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,304,461,512

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Schedule S - Part 1 - Section 2

N O N E

Schedule S - Part 2

N O N E

Schedule S - Part 3 - Section 2

N O N E

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Community Insurance Company

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	1 2012	2 2011	3 2010	4 2009	5 2008
A. OPERATIONS ITEMS					
1. Premiums	0	14	89	308	77
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
5. Total hospital and medical expenses			(2)	341	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable					0
7. Claims payable	0	0	0	16	0
8. Reinsurance recoverable on paid losses	0	0	8	325	0
9. Experience rating refunds due or unpaid					0
10. Commissions and reinsurance expense allowances due					0
11. Unauthorized reinsurance offset					0
12. Offset for reinsurance with Certified Reinsurers		XXX	XXX	XXX	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust		XXX	XXX	XXX	XXX
18. Funds deposited by and withheld from (F)		XXX	XXX	XXX	XXX
19. Letters of credit (L)		XXX	XXX	XXX	XXX
20. Trust agreements (T)		XXX	XXX	XXX	XXX
21. Other (O)		XXX	XXX	XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Community Insurance Company

SCHEDULE S - PART 7

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)	1,458,458,104		1,458,458,104
2. Accident and health premiums due and unpaid (Line 15)	154,767,954		154,767,954
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)	375,471,392		375,471,392
6. Total assets (Line 28)	1,988,697,450	0	1,988,697,450
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	479,215,183		479,215,183
8. Accrued medical incentive pool and bonus payments (Line 2)	2,829,024		2,829,024
9. Premiums received in advance (Line 8)	40,240,888		40,240,888
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14. All other liabilities (Balance)	711,593,863		711,593,863
15. Total liabilities (Line 24)	1,233,878,958	0	1,233,878,958
16. Total capital and surplus (Line 33)	754,818,492	XXX	754,818,492
17. Total liabilities, capital and surplus (Line 34)	1,988,697,450	0	1,988,697,450
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

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

Allocated by States and Territories

States, Etc.	Direct Business Only					Totals
	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	
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	CAN					
58. Aggregate Other Alien	OT					
59. Total						

NONE

ANNUAL STATEMENT FOR THE YEAR 2012 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.		87-0571643				1-800 CONTACTS, INC.	DE	NIA	1-800 CONTACTS PARENT CORP.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.						1-800 CONTACTS JAPAN, KK	JPN	NIA	1-800 CONTACTS, INC.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		87-0806322				1-800 CONTACTS PARENT CORP.	DE	NIA	1-800 CONTACTS PARENT HOLDINGS CORP.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		26-2169703				1-800 CONTACTS PARENT HOLDINGS CORP.	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	11069	36-4384128				American Imaging Management East, LLC	DE	IA	American Imaging Management, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		36-3692630				American Imaging Management, Inc.	IL	NIA	Imaging Management Holdings, L.L.C.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.						AMERIGROUP Arizona, Inc.	AZ	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		13-4212810				AMERIGROUP California, Inc.	CA	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		20-3250780				AMERIGROUP Colorado, Inc.	CO	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.						AMERIGROUP Community Care of Arizona, Inc.							
0671	WellPoint, Inc.		13-4212808					AZ	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		26-4362114				AMERIGROUP Community Care of Mississippi, Inc.	MS	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.						AMERIGROUP Community Care of New Mexico, Inc.	NM	IA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	12354	20-2073598				AMERIGROUP Connecticut, Inc.	CT	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		13-4212811				AMERIGROUP Corporation	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		13-4212812				AMERIGROUP Delaware, Inc.	DE	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	95093	65-0318864				AMERIGROUP Florida, Inc.	FL	IA	PHP Holdings, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		26-1406543				AMERIGROUP Hawaii, Inc.	HI	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		26-1248083				AMERIGROUP Health Solutions, Inc.	DE	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		13-4212813				AMERIGROUP Indiana, Inc.	IN	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	14078	45-2485907				Amerigroup Insurance Company	TX	IA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	14276	45-3358287				Amerigroup Kansas, Inc.	KS	IA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	14064	26-4674149				AMERIGROUP Louisiana, Inc.	LA	IA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		27-3516009				AMERIGROUP Maine, Inc.	ME	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	95832	51-0387398				AMERIGROUP Maryland, Inc.	MD	IA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		13-4212815				AMERIGROUP Massachusetts, Inc.	MA	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		13-4212816				AMERIGROUP Michigan, Inc.	MI	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	12586	20-3317697				AMERIGROUP Nevada, Inc.	NV	IA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	95373	22-3375292				AMERIGROUP New Jersey, Inc.	NJ	IA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		13-3865627				AMERIGROUP New York, LLC	NY	IA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	10767	13-4212818				AMERIGROUP Ohio, Inc.	OH	IA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		13-4212819				AMERIGROUP Pennsylvania, Inc.	PA	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		13-4212820				AMERIGROUP Puerto Rico, Inc.	PR	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		80-0771594				Amerigroup Services, Inc.	VA	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	12941	20-4776597				AMERIGROUP Tennessee, Inc.	TN	IA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	95314	75-2603231				AMERIGROUP Texas, Inc.	TX	IA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	14073	27-3510384				AMERIGROUP Washington, Inc.	WA	IA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		13-4212821				AMERIGROUP Wisconsin, Inc.	WI	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		20-0632253				AMERIVANTAGE, Inc.	DE	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		54-2014061				AMGP Georgia, Inc.	GA	NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	12229	06-1696189				AMGP Georgia Managed Care Company, Inc.	GA	IA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		26-1974650				Anthem Blue Cross and Blue Shield Plan Administrator, LLC	IN	NIA	Anthem Health Plans, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.						Anthem Blue Cross Life and Health Insurance Company	CA	IA	WellPoint California Services, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	62825	95-4331852				Anthem Credentialing Services, Inc.	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		34-1979156				Anthem Financial, Inc.	DE	NIA	Associated Group, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		35-1898945				Anthem Health Insurance Company of Nevada	NV	NIA	HMO Colorado, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	95120	26-1498094				Anthem Health Plans of Kentucky, Inc.	KY	IA	ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc.	

ANNUAL STATEMENT FOR THE YEAR 2012 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.	52618	31-1705652				Anthem Health Plans of Maine, Inc. Anthem Health Plans of New Hampshire, Inc.	..ME	..IA	ATH Holding Company, LLC	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	53759	02-0510530					..NH	..IA	ATH Holding Company, LLC	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	71835	54-0357120	40003317			Anthem Health Plans of Virginia, Inc.	..VA	..IA	Anthem Southeast, Inc.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	60217	06-1475928				Anthem Health Plans, Inc.	..CT	..IA	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. Anthem Life & Disability Insurance Company	..IN	..IA	WellPoint, Inc.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	13573	20-5876774					..NY	..IA	WellPoint Acquisition, LLC Rocky Mountain Hospital and Medical Service, Inc.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	61069	35-0980405				Anthem Life Insurance Company	..IN	..IA	WellPoint, 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.						AQUASOFT, LLC	..UT	..NIA	1-800 CONTACTS, INC.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		95-4640529				Arcus Enterprises, Inc.	..DE	..NIA	Anthem Holding Corp.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		20-2858384				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	..IA	Cerulean Companies, Inc.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	96962	58-1638390				Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	..GA	..IA	Cerulean Companies, Inc.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	54003	39-0138065				Blue Cross Blue Shield of Wisconsin	..WI	..IA	Crossroads Acquisition Corp.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		95-3760980				Blue Cross of California	..CA	..IA	WellPoint California Services, Inc.	Ownership	..100.000	WellPoint, Inc.	..0101
..0671	WellPoint, Inc.		20-2994048				Blue Cross of California Partnership Plan, Inc.	..CA	..IA	Blue Cross of California	Ownership	..100.000	WellPoint, Inc.	..0102
..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	..IA	CareMore Health System	Ownership	..100.000	WellPoint, Inc.	..0103
..0671	WellPoint, Inc.	13562	38-3795280				CareMore Health Plan of Arizona, Inc.	..AZ	..IA	CareMore Health System	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	13753	27-1848815				CareMore Health Plan of Colorado, Inc.	..CO	..IA	CareMore Health System	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	13605	26-4001602				CareMore Health Plan of Nevada	..NV	..IA	CareMore Health System	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		27-1625392				CareMore Health Plan of Texas, Inc.	..TX	..NIA	CareMore Health System	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.		45-4985009				CareMore IPA of New York, LLC	..NY	..NIA	CareMore, LLC	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		32-0373216				CareMore, LLC	..IN	..NIA	CareMore Health System	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		20-2076421				CareMore Health System	..CA	..NIA	CareMore Holdings, Inc.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		95-4420935				CareMore Medical Management Company	..CA	..NIA	CareMore Health System	Ownership	..98.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		95-4420935				CareMore Medical Management Company	..CA	..NIA	CMM 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.		87-0673543				CL I, Inc.	..UT	..NIA	1-800 Contacts, Inc.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		87-0673541				CL II, Inc.	..UT	..NIA	1-800 Contacts, Inc.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		87-0673540				CL III, Inc.	..UT	..NIA	1-800 Contacts, Inc.	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		87-0661210				CL4, Inc.	..UT	..NIA	1-800 Contacts, Inc.	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.						CMM Holding Company, LLC	..DE	..NIA	CareMore Health System	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.	..0104

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ANNUAL STATEMENT FOR THE YEAR 2012 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.	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	..IA	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.	..IRL	..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	..IRL	..NIA	DeCare Dental, LLC	Ownership	100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.						DeCare Systems Ireland, Limited	..IRL	..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	..IA	WellPoint Holding Corp	Ownership	100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	95433	13-3874803				Empire HealthChoice HMO, Inc.	..NY	..IA	Empire HealthChoice Assurance, Inc.	Ownership	100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		11-3700531				EVISION, INC.	..OR	..NIA	1-800 CONTACTS, INC.	Ownership	100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.						Forty-Four Forty-Four Forest Park Redevelopment Corp.	..MO	..NIA	RightCHOICE Managed Care, Inc.	Ownership	100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		43-1047923				Golden West Health Plan, Inc.	..CA	..IA	WellPoint California Services, Inc.	Ownership	100.000	WellPoint, Inc.	..0105
..0671	WellPoint, Inc.		95-2907752				Government Health Services, LLC	..WI	..NIA	Blue Cross Blue Shield of Wisconsin	Ownership	100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		26-4286154							Blue Cross and Blue Shield of Georgia, Inc.	Ownership	100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	97217	58-1473042				Greater Georgia Life Insurance Company	..GA	..IA	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	..IA	Anthem Southeast, Inc.	Ownership	92.510	WellPoint, Inc.	
..0671	WellPoint, Inc.	95169	54-1356687				HealthKeepers, Inc.	..VA	..IA	UNICARE National Services, Inc.	Ownership	7.490	WellPoint, Inc.	
..0671	WellPoint, Inc.	96475	43-1616135				HealthLink HMO, Inc.	..MO	..IA	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	..IA	RightCHOICE Managed Care, Inc.	Ownership	100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	95473	84-1017384				HMO Colorado, Inc.	..CO	..IA	Rocky Mountain Hospital and Medical Service, Inc.	Ownership	100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	95358	37-1216698				HMO Missouri, Inc.	..MO	..IA	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.		85-0486264				LENS 1ST HOLDING COMPANY	..UT	..NIA	1-800 CONTACTS, INC.	Ownership	100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	95527	02-0494919				Matthew Thornton Health Plan, Inc.	..NH	..IA	Anthem Health Plans of New Hampshire, Inc.	Ownership	100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.						Meridian Resource Company, LLC	..WI	..NIA	CompCare Health Services Insurance Corporation	Ownership	100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		39-2013971				National Government Services, Inc.	..IN	..NIA	Anthem Insurance Companies, Inc.	Ownership	100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		35-1840597				National Telehealth Network, LLC	..DE	..NIA	Sellcore, Inc.	Ownership	50.000	WellPoint, Inc.	..0106
..0671	WellPoint, Inc.	85286	46-1595582				OneNation Insurance Company	..IN	..IA	ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		75-1461960				Park Square Holdings, Inc.	..CA	..NIA	WellPoint California Services, Inc.	Ownership	100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		95-4249368				Park Square I, Inc.	..CA	..NIA	WellPoint California Services, Inc.	Ownership	100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		95-4386221				Park Square II, Inc.	..CA	..NIA	WellPoint California Services, Inc.	Ownership	100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		95-4249345				PHP Holdings, Inc.	..FL	..NIA	AMERIGROUP Corporation	Ownership	100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.						R & P Realty, Inc.	..MO	..NIA	RightCHOICE Managed Care, Inc.	Ownership	100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		43-1595640				Resolution Health, Inc.	..DE	..NIA	Anthem Southeast, Inc.	Ownership	100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		56-2396739				Radiant Services, LLC	..IN	..DS	Community Insurance Company	Ownership	100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		27-4410025								Ownership	100.000	WellPoint, Inc.	

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ANNUAL STATEMENT FOR THE YEAR 2012 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.	60024	13-3989915				Rayant Insurance Company of New York	NY	IA	WellPoint Holding Corp	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	83640	36-3506910				RightCHOICE Insurance Company	IL	IA	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	IA	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.		35-1835818				The WellPoint Companies, Inc.	IN	NIA	ATH Holding Company, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		45-5443372				The WellPoint Companies of California, Inc.	CA	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	IL	IA	UNICARE Illinois Services, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	12805	20-4842073				UNICARE Health Plan of Kansas, Inc.	KS	IA	UNICARE National Services, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.						UNICARE Health Plan of West Virginia, Inc.							
0671	WellPoint, Inc.	11810	84-1620480				UNICARE National Services, Inc.	WV	IA	UNICARE National Services, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	95420	74-2151310				UNICARE Health Plans of Texas, Inc.	TX	IA	UNICARE Illinois Services, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	95505	36-3897076				UNICARE Health Plans of the Midwest, Inc.	IL	IA	UNICARE Illinois Services, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		36-3899137				UNICARE Illinois Services, Inc.	IL	NIA	UNICARE National Services, Inc.	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.	80314	52-0913817				UNICARE Life & Health Insurance Company	IN	IA	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.	
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				UtilMED 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.						WellPoint Information Technology Services, Inc.							
0671	WellPoint, Inc.		45-2736438				Blue Cross of California	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				WellPoint Partnership Plan, LLC	IL	NIA	UNICARE Illinois Services, Inc.	Ownership	25.000	WellPoint, Inc.	
0671	WellPoint, Inc.		35-2145715		6324	New York Stock Exchange (NYSE)	WellPoint, Inc.	IN	UIP				WellPoint, Inc.	
0671	WellPoint, Inc.		98-0552141				WPMI (Shanghai) Enterprise Service Co. Ltd.	CHN	NIA	WPMI, LLC	Ownership	100.000	WellPoint, Inc.	
0671	WellPoint, Inc.		20-8672847				WPMI, LLC	DE	NIA	ATH Holding Company, LLC	Ownership	63.880	WellPoint, Inc.	0107

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 New York State Department of Health.
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	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.
0104	10.71% owned by unaffiliated investors
0105	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.

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Community Insurance Company

Asterisk	Explanation
0106	50% owned by American Well Corporation
0107	36.12% owned by unaffiliated investors

ANNUAL STATEMENT FOR THE YEAR 2012 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)
11069	36-4384128	American Imaging Management East, LLC					(2,257,562)				(2,257,562)	
	36-3692630	American Imaging Management, Inc.					(35,920,552)				(35,920,552)	
	54-1739323	AMERIGROUP Corporation	113,896,800	(443,407,856)			668,965,528				339,454,472	
95373	22-3375292	AMERIGROUP New Jersey, Inc.		349,329			(44,979,354)				(44,630,025)	
95314	75-2603231	AMERIGROUP Texas, Inc.		58,820,233			(151,571,059)				(92,750,826)	
95832	51-0387398	AMERIGROUP Maryland, Inc.	(40,000,000)	508,895			(57,634,497)				(97,125,602)	
95093	65-0318864	AMERIGROUP Florida, Inc.		530,921			(47,540,340)				(47,009,419)	
10767	13-4212818	AMERIGROUP Ohio Inc dba AMERIGROUP Comm Care	(4,896,800)	421,989			(18,072,255)				(22,547,066)	
10153	20-1581237	AMERIGROUP Virginia, Inc.	(4,000,000)	323,079			(11,342,086)				(15,019,007)	
12354	20-2073598	AMERIGROUP Community Care of New Mexico, Inc.		176,980			(34,127,135)				(33,950,155)	
12586	20-3317697	AMERIGROUP Nevada, Inc.		134,248			(22,359,400)				(22,225,152)	
12229	06-1696189	AMGP Georgia Managed Care Company, Inc.		788,159			(80,226,903)				(79,438,744)	
00000	13-3865627	AMERIGROUP New York, LLC		190,514,314			(99,519,608)				90,994,706	
12941	20-4776597	AMERIGROUP Tennessee, Inc.	(65,000,000)	471,443			(62,719,804)				(127,248,361)	
14064	26-4674149	AMERIGROUP LA INC		55,154,988			(16,439,863)				38,715,125	
14073	27-3510384	AMERIGROUP WASHINGTON INC		33,501,771			(2,530,148)				30,971,623	
14078	45-2485907	AMERIGROUP INS CO		94,005,472			(19,646,012)				74,359,460	
14276	45-3358287	AMERIGROUP Kansas, Inc.		7,706,035			(257,064)				7,448,971	
62825	95-4331852	Anthem Blue Cross Life and Health Insurance Company, Inc.	(192,000,000)				(1,027,535,359)	(7,081,666)			(1,226,617,025)	4,837,263
95120	61-1237516	Anthem Health Plans of Kentucky, Inc.	(175,000,000)				(244,958,467)				(419,958,467)	
52618	31-1705652	Anthem Health Plans of Maine, Inc.	(110,000,000)				(90,525,329)				(200,525,329)	
53759	02-0510530	Anthem Health Plans of New Hampshire, Inc.	(15,000,000)				(55,274,178)	163,111			(70,111,067)	1,792,745
71835	54-0357120	Anthem Health Plans of Virginia, Inc.	(244,200,000)				(424,299,006)	10,386,211			(658,112,795)	(790,716)
60217	06-1475928	Anthem Health Plans, Inc.	(125,000,000)				(271,148,658)				(396,148,658)	
	61-1459939	Anthem Holding Corp.					13,273,507				13,273,507	
28207	35-0781558	Anthem Insurance Companies, Inc.	(279,400,000)				(860,910,997)	(8,604,054)			(1,148,915,051)	16,243,797
13573	20-5876774	Anthem Life and Disability Insurance Company					(361,775)				(361,775)	
61069	35-0980405	Anthem Life Insurance Company	(7,700,000)				(35,339,179)	13,300,776			(29,738,403)	(21,836,175)
54801	58-0469845	Blue Cross and Blue Shield of Georgia, Inc.	(50,000,000)				(75,388,713)				(125,388,713)	
96962	58-1638390	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	(52,200,000)				(392,439,252)				(444,639,252)	
54003	39-0138065	Blue Cross Blue Shield of Wisconsin	(35,000,000)				(98,469,485)	(346,470)			(133,815,955)	(112,439)
	95-3760980	Blue Cross of California	(450,000,000)				(451,048,254)	(612,594)			(901,660,848)	73,752
	20-2994048	Blue Cross of California Partnership Plan, Inc.					(79,389,484)				(79,389,484)	
	95-4694706	Caremore Health Plan					(87,552,514)				(87,552,514)	
13562	38-3975280	Caremore Health Plan of Arizona, Inc.					(17,813,404)				(17,813,404)	
13605	26-4001602	Caremore Health Plan of Nevada					(5,949,369)				(5,949,369)	

ANNUAL STATEMENT FOR THE YEAR 2012 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)
	20-2076421	Caremore Medical Enterprises					88,677,450				88,677,450	
10345	31-1440175	Community Insurance Company	(367,000,000)				(686,842,714)				(1,053,842,714)	
95693	39-1462554	Compicare Health Services Insurance Corporation	(40,000,000)				(49,861,222)				(89,861,222)	
	01-0822645	DeCare Dental, LLC					(35,420,973)				(35,420,973)	
55093	23-7391136	Empire HealthChoice Assurance, Inc.	(136,955,207)				(612,927,914)				(749,883,121)	
95433	13-3874803	Empire HealthChoice HMO, Inc.	(131,952,696)				(114,198,522)				(246,151,218)	
	95-2907752	Golden West Health Plan, Inc.					(2,107,469)				(2,107,469)	
97217	58-1473042	Greater Georgia Life Insurance Company					(5,483,817)				(5,483,817)	
	51-0365660	Health Core, Inc.					(18,590,714)				(18,590,714)	
95169	54-1356687	HealthKeepers, Inc.	(90,000,000)				(150,811,770)	(10,386,211)			(251,197,981)	790,716
96475	43-1616135	HealthLink HMO, Inc.	(12,000,000)				10,403,817	(23,612)			(1,619,795)	11,639
	43-1364135	HealthLink, Inc.					(75,268,194)				(75,268,194)	
78972	86-0257201	Healthy Alliance Life Insurance Company	(128,000,000)				(221,234,500)				(349,234,500)	
95473	84-1017384	HMO Colorado, Inc.	(4,300,000)				(19,412,071)				(23,712,071)	
95358	37-1216698	HMO Missouri, Inc.	(1,100,000)				(16,423,212)				(17,523,212)	
	98-0408753	HTH Re, LTD						7,081,666			7,081,666	(4,837,263)
95527	02-0494919	Matthew Thornton Health Plan, Inc.	(15,000,000)				(60,640,243)				(75,640,243)	
	35-1840597	National Government Services, Inc.					(15,299,179)				(15,299,179)	
85286	75-1461960	OneNation Insurance Company					(1,542,982)	54,633			(1,488,349)	201,060
60024	13-3989915	Rayant Insurance Company of New York					(31,542)				(31,542)	
	56-2396739	Resolution Health, Inc.					17,425,545				17,425,545	
83640	36-3506910	RightCHOICE Insurance Company					(111,714)				(111,714)	
	47-0851593	RightCHOICE Managed Care, Inc.					(28,991,626)				(28,991,626)	
11011	84-0747736	Rocky Mountain Hospital and Medical Service, Inc.	(82,700,000)				(217,950,072)	7,281,586			(293,368,486)	(21,984,645)
	35-1835818	The WellPoint Companies, Inc.					3,169,375,939				3,169,375,939	
70700	36-3304416	UNICARE Health Insurance Company of the Midwest	(2,200,000)				(1,546,056)				(3,746,056)	
12805	20-4842073	UNICARE Health Plan of Kansas, Inc.	(3,100,000)				(18,548,817)				(21,648,817)	
11810	84-1620480	UNICARE Health Plan of West Virginia, Inc.	(2,300,000)				(18,154,940)				(20,454,940)	
95420	74-2151310	UNICARE Health Plans of Texas, Inc.					(743,181)				(743,181)	
95505	36-3897076	UNICARE Health Plans of the Midwest, Inc.	(1,000,000)				157,201				(842,799)	
80314	52-0913817	UNICARE Life & Health Insurance Company	(50,000,000)				(70,796,961)	(11,050,265)			(131,847,226)	25,610,266
	95-4657170	WellPoint Dental Services, Inc.					9,036,880				9,036,880	
	20-3620996	WellPoint Holding Corp	180,000,000				9,198,453				189,198,453	
	45-2736438	WellPoint Information Technology Services					230,657,849				230,657,849	
	36-3897080	WellPoint Partnership Plan, LLC					(14,754,837)				(14,754,837)	
	35-2145715	WellPoint, Inc.	2,623,107,903				3,166,070,138	(163,111)			5,789,014,930	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

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ANNUAL STATEMENT FOR THE YEAR 2012 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]	
21. Long-Term Care Experience Reporting Forms [Document Identifier 306]	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

22. Life Supplement [Document Identifier 211]



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





SUPPLEMENT FOR THE YEAR 2012 OF THE Community Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2012
 (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 Robert Brannock.....
 Title Actuary Analyst..... Telephone Number 502-889-3183.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009				Policies Issued in 2010; 2011; 2012			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	PD003	P	NO	0200560	10/29/1991			01/01/1992	Medicomp 2	7,421,092	5,348,536	72.1	1,903			0.0	
YES	PD009	P	NO	0204060	07/18/1990			01/01/1992	Mediplus Standard	34,462	23,487	68.2	24			0.0	
YES	PD010	P	NO	0200560	10/29/1991			01/01/1992	Medicomp 1	41,710	30,491	73.1	52			0.0	
YES	PD011	A	NO	0204060	03/10/1992			06/01/2010	Medicomp A	109,241	188,407	172.5	44	2,934	1,999	68.1	1
YES	PD014	D	NO	0204000	03/10/1992			06/01/2010	Medicomp D	737,651	448,907	60.9	184			0.0	
YES	PD021	P	NO	0200560	01/21/1992			01/01/1992	Medicomp 3	289,828	310,392	107.1	82			0.0	
YES	PD027	A	NO	0034000	08/31/1994			06/01/2010	Insurance for One, Medicare Supplement Plan A - Attained Age	58,445	52,393	89.6	67	3,456	1,284	37.2	6
YES	PD028	C	NO	0034000	08/31/1994			06/01/2010	Insurance for One, Medicare Supplement Plan C - Attained Age	13,734,917	9,978,187	72.6	4,841	190,743	148,896	78.1	166
YES	PD029	F	NO	0034000	08/31/1994			06/01/2010	Insurance for One, Medicare Supplement Plan F - Attained Age	7,983,536	5,561,379	69.7	2,869	278,960	188,730	67.7	236
YES	PD030	J	NO	0034000	08/31/1994			01/01/2006	Insurance for One, Medicare Supplement Plan J - Attained Age	301,248	181,495	60.2	185			0.0	
YES	PD031	B	NO	0034000	10/11/1994			06/01/2010	Insurance for One, Medicare Supplement Plan B - Attained Age	115,930	67,624	58.3	86	2,105	1,202	57.1	2
YES	PD032	D	NO	0034000	10/11/1994			06/01/2010	Insurance for One, Medicare Supplement Plan D - Attained Age	158,578	101,607	64.1	111	7,734	9,464	122.4	6
YES	PD033	E	NO	0034000	10/11/1994			06/01/2010	Insurance for One, Medicare Supplement Plan E - Attained Age	30,232	28,261	93.5	22			0.0	0
YES	PD034	G	NO	0034000	10/11/1994			06/01/2010	Insurance for One, Medicare Supplement Plan G - Attained Age	218,472	111,686	51.1	161	7,708	2,500	32.4	6
YES	PD035	H	NO	0034000	10/11/1994			01/01/2006	Insurance for One, Medicare Supplement Plan H - Attained Age	107,730	69,262	64.3	69			0.0	
YES	CG008	P	NO	0200560	10/29/1991			01/01/1992	Health Maintenance Plan (Medicare Supplement product)		0	0.0				0.0	0
YES	WPPLANAM(09)-OH	A	NO	0034060	06/01/2010				Modernized MedSupp Plan A		0	0.0		161,906	303,387	187.4	97
YES	WPPLANFM(09)-OH	F	NO	0034000	06/01/2010				Modernized MedSupp Plan F		0	0.0		23,359,623	18,447,699	79.0	12,860
YES	WPPLANGM(09)-OH	G	NO	0034000	06/01/2010				Modernized MedSupp Plan G		0	0.0		1,614,926	1,547,433	95.8	729
YES	WPPLANHF(09)-OH	F	NO	0034000	06/01/2010				Modernized MedSupp Plan High F		0	0.0		287,673	101,370	35.2	970

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SUPPLEMENT FOR THE YEAR 2012 OF THE Community Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2012
 (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 Robert Brannock.....
 Title Actuary Analyst..... Telephone Number 502-889-3183.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009				Policies Issued in 2010; 2011; 2012			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	WPPLANM(09)-OH	N	NO	.0034000	.06/01/2010				Modernized MedSupp Plan N			0.0		4,375,046	3,827,055	87.5	3,119
YES	WPPLANFSelectM(11)-OH	F	YES	.0034000	.01/01/2012				Modernized Select MedSupp Plan F			0.0		188,470	108,812	57.7	517
YES	WPPLANHIFSelectM(11)-OH	F	YES	.0034000	.01/01/2012				Modernized Select MedSupp Plan High F			0.0		4,410		0.0	30
YES	WPPLANGSelectM(11)-OH	G	YES	.0034000	.01/01/2012				Modernized Select MedSupp Plan G			0.0		11,360	5,499	48.4	31
YES	WPPLANNSelectM(11)-OH	N	YES	.0034000	.01/01/2012				Modernized Select MedSupp Plan N			0.0		48,517	30,331	62.5	176
0199999. Total Experience on Individual Policies										31,343,072	22,502,114	71.8	10,700	30,545,571	24,725,661	80.9	18,952
YES	PD023	A	NO	.0030500	.06/14/1994			.06/01/2010	Insurance for One, Medicare Supplement Plan A	1,031	265	25.7	1			0.0	0
YES	PD024	C	NO	.0030500	.06/14/1994			.06/01/2010	Insurance for One, Medicare Supplement Plan C	54,717	39,033	71.3	34			0.0	0
YES	PD025	F	NO	.0030500	.06/14/1994			.06/01/2010	Insurance for One, Medicare Supplement Plan F	25,892	24,723	95.5	14			0.0	0
YES	PD026	I	NO	.0030500	.06/14/1994			.01/01/2006	Insurance for One, Medicare Supplement Plan I	1,672	235	14.1	1			0.0	0
YES	PD037	C	YES	.0234000	.07/26/1995			.06/01/2010	Insurance for One, Medicare Select Plan C	9,344,865	7,346,384	78.6	4,104	232,324	197,626	85.1	250
YES	PD038	F	YES	.0234000	.07/26/1995			.06/01/2010	Insurance for One, Medicare Select Plan F	2,665,596	1,793,926	67.3	1,197	73,138	92,689	126.7	81
YES	TA010	A	NO	.0234000	.09/09/1993			.06/01/2010	Insurance for One, Medicare Supplement Plan A	151,744	89,757	59.2	199	3,817	21,110	553.1	5
YES	TA011	C	NO	.0234000	.09/09/1993			.06/01/2010	Insurance for One, Medicare Supplement Plan C	21,522,376	17,321,375	80.5	8,305	680,354	859,159	126.3	251
YES	TA012	F	NO	.0234000	.09/09/1993			.06/01/2010	Insurance for One, Medicare Supplement Plan F	19,108,703	13,646,556	71.4	7,492	817,831	627,435	76.7	308
YES	TA013	I	NO	.0234000	.09/09/1993			.01/01/2006	Insurance for One, Medicare Supplement Plan I	1,290,913	1,007,538	78.0	544			0.0	
0299999. Total Experience on Group Policies										54,167,509	41,269,792	76.2	21,891	1,807,464	1,798,019	99.5	895

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SUPPLEMENT FOR THE YEAR 2012 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: P.O. Box 105187 Atlanta , GA 30348-5187
- 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: P.O. Box 659806 San Antonio , TX 78265-9106
- 3.2 Contact Person and Phone Number: Rex Weaver 317-287-6520
4. Explain any policies identified above as policy type "O".

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