



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2013
OF THE CONDITION AND AFFAIRS OF THE

Community Insurance Company

NAIC Group Code	0671 (Current)	0671 (Prior)	NAIC Company Code	10345	Employer's ID Number	31-1440175
Organized under the Laws of	Ohio			State of Domicile or Port of Entry	Ohio	
Country of Domicile	United States of America					
Licensed as business type:	Property/Casualty					
Is HMO Federally Qualified?	Yes [] No [X]					
Incorporated/Organized	07/08/1995			Commenced Business	10/01/1995	
Statutory Home Office	4361 Irwin Simpson Road (Street and Number)			Mason, OH, US 45040-9498 (City or Town, State, Country and Zip Code)		
Main Administrative Office	4361 Irwin Simpson Road (Street and Number)			513-872-8100 (Area Code) (Telephone Number)		
	Mason, OH, US 45040-9498 (City or Town, State, Country and Zip Code)					
Mail Address	N17 W24340 Riverwood Drive (Street and Number or P.O. Box)			Waukesha, WI, US 53188 (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	N17 W24340 Riverwood Drive (Street and Number)			262-523-2439 (Area Code) (Telephone Number)		
	Waukesha, WI, US 53188 (City or Town, State, Country and Zip Code)					
Internet Website Address	www.anthem.com					
Statutory Statement Contact	Brenda J. Buss (Name)			262-523-2439 (Area Code) (Telephone Number)		
	brenda.buss@bcbswi.com (E-mail Address)			262-523-4945 (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

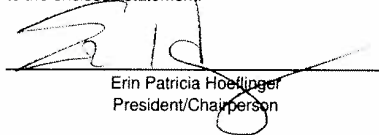
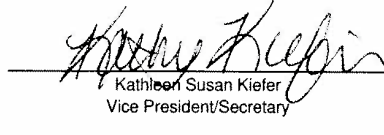
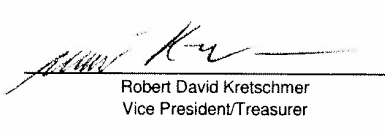
Amy Soppel Renshaw	Assistant Secretary	Eric (Rick) Kenneth Noble	# Assistant Treasurer
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DIRECTORS OR TRUSTEES

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

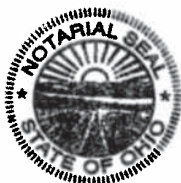
State of Ohio SS:
County of Warren

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

 Erin Patricia Hoeflinger President/Chairperson	 Kathleen Susan Kiefer Vice President/Secretary	 Robert David Kretschmer Vice President/Treasurer
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Subscribed and sworn to before me this 29th day of JANUARY, 2014


- 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. Fahay
Notary Public, State of Ohio
My Commission Expires 04-12-2014

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Express Scripts, Inc.	8,181,483	5,547,705	6,222,326	17,906,274	17,906,274	19,951,514
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed						
0199999. Total Pharmaceutical Rebate Receivables	8,181,483	5,547,705	6,222,326	17,906,274	17,906,274	19,951,514
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	3,426,652	1,030,951	121,344	596,739	5,175,686	
0299999. Total Claim Overpayment Receivables	3,426,652	1,030,951	121,344	596,739	5,175,686	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	324,925	3,900	6,195	6,749	341,769	
0699999. Total Other Receivables	324,925	3,900	6,195	6,749	341,769	0
.....						
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.....						
0799999 Gross health care receivables	11,933,060	6,582,556	6,349,865	18,509,762	23,423,729	19,951,514

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	36,136,966	33,369,499		37,857,788	36,136,966	36,341,387
2. Claim overpayment receivables	11,569,173	36,492,862	396,446	4,779,240	11,965,619	5,978,616
3. Loans and advances to providers					0	
4. Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables.....	3,964	8,626,833	210,496	131,272	214,460	350,601
7. Totals (Lines 1 through 6)	47,710,103	78,489,194	606,942	42,768,300	48,317,045	42,670,604

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

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

21

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

23

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	2,103,878	0.0	38,135	2.0		2,103,878
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	2,103,878	0.0	38,135	2.0	0	2,103,878
Other Payments:						
5. Fee-for-service	1,723,845,130	40.4	XXX	XXX		1,723,845,130
6. Contractual fee payments	2,418,700,852	56.7	XXX	XXX		2,418,700,852
7. Bonus/withhold arrangements - fee-for-service	2,683,971	0.1	XXX	XXX		2,683,971
8. Bonus/withhold arrangements - contractual fee payments	7,420,406	0.2	XXX	XXX		7,420,406
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	114,697,140	2.7	XXX	XXX		114,697,140
12. Total other payments	4,267,347,499	100.0	XXX	XXX	0	4,267,347,499
13. TOTAL (Line 4 plus Line 12)	4,269,451,377	100%	XXX	XXX	0	4,269,451,377

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	57,229,008		56,416,384	812,624	812,624	
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment	4,431,352		1,757,790	2,673,562	2,673,562	
6.	Total	61,660,360	0	58,174,174	3,486,186	3,486,186	0



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Community Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0671		Indiana		2013							NAIC Company Code 10345	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year		0										
2. First Quarter		0										
3. Second Quarter		0										
4. Third Quarter		0										
5. Current Year		0										
6. Current Year Member Months		0										
Total Member Ambulatory Encounters for Year:												
7 Physician		1,015							1,015			
8. Non-Physician		522							522			
9. Total		1,537	0	0	0	0	0	0	1,537	0	0	
10. Hospital Patient Days Incurred		222							222			
11. Number of Inpatient Admissions		32							32			
12. Health Premiums Written (b) .....		.835,401							.835,401			
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written		0										
15. Health Premiums Earned.....		.693,836							.693,836			
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services.....		.922,322							.922,322			
18 Amount Incurred for Provision of Health Care Services		(718,478)							(718,478)			

(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 \$835,401



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Community Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0671		Ohio		2013							NAIC Company Code	
		Comprehensive (Hospital & Medical)									10345	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	1,875,569	114,315	577,680	52,439	155,030	120,598	180,678	118,954		555,875	
2.	First Quarter	1,889,716	114,080	562,385	52,477	160,238	129,592	184,295	110,915		575,734	
3.	Second Quarter	1,904,691	114,292	554,900	52,592	164,766	131,140	183,322	111,113		592,566	
4.	Third Quarter	1,896,030	113,010	555,245	52,137	171,268	133,257	183,229	111,614		576,270	
5.	Current Year	1,899,391	111,121	555,125	51,917	173,156	133,381	182,673	111,977		580,041	
6.	Current Year Member Months	22,723,313	1,364,673	6,687,801	627,951	1,991,573	1,576,543	2,203,227	1,335,360		6,936,185	
Total Member Ambulatory Encounters for Year:												
7.	Physician	6,393,431	6,803	2,984,789	661,397			1,342,524	1,397,918			
8.	Non-Physician	3,996,910	4,533	2,022,727	312,314	46,820	113,532	778,170	718,814			
9.	Total	10,390,341	11,336	5,007,516	973,711	46,820	113,532	2,120,694	2,116,732	0	0	
10.	Hospital Patient Days Incurred	819,095	743	155,280	166,252			190,809	306,011			
11.	Number of Inpatient Admissions	117,521	120	35,703	14,709			22,507	44,482			
12.	Health Premiums Written (b)	5,076,702,436	329,950,722	2,423,038,573	123,131,115	8,867,295	39,320,382	872,240,574	1,150,550,473		129,603,302	
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	5,101,465,051	333,019,011	2,426,105,435	122,692,151	8,874,398	39,364,790	896,058,948	1,145,747,016		129,603,302	
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	4,268,529,056	260,746,946	1,932,873,495	88,672,041	5,098,654	25,807,150	840,324,170	1,000,338,836	(29,376)	114,697,140	
18.	Amount Incurred for Provision of Health Care Services	4,256,944,173	255,653,965	1,931,451,692	86,865,756	5,125,080	25,986,098	849,399,181	983,615,314	(29,376)	118,876,463	

(a) For health business: number of persons insured under PPO managed care products1,527,994 and number of persons insured under indemnity only products57,194 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,150,550,473

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ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Community Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Community Insurance Company

2. Mason, OH

NAIC Group Code		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR		2013		(LOCATION)	
0671										NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1.	Prior Year	1,875,569	114,315	577,680	52,439	155,030	120,598	180,678	118,954	0	555,875
2.	First Quarter	1,889,716	114,080	562,385	52,477	160,238	129,592	184,295	110,915	0	575,734
3.	Second Quarter	1,904,691	114,292	554,900	52,592	164,766	131,140	183,322	111,113	0	592,566
4.	Third Quarter	1,896,030	113,010	555,245	52,137	171,268	133,257	183,229	111,614	0	576,270
5.	Current Year	1,899,391	111,121	555,125	51,917	173,156	133,381	182,673	111,977	0	580,041
6.	Current Year Member Months	22,723,313	1,364,673	6,687,801	627,951	1,991,573	1,576,543	2,203,227	1,335,360	0	6,936,185
Total Member Ambulatory Encounters for Year:											
7.	Physician	6,394,446	6,803	2,984,789	661,397	0	0	1,342,524	1,398,933	0	0
8.	Non-Physician	3,997,432	4,533	2,022,727	312,314	46,820	113,532	778,170	719,336	0	0
9.	Total	10,391,878	11,336	5,007,516	973,711	46,820	113,532	2,120,694	2,118,269	0	0
10.	Hospital Patient Days Incurred	819,317	743	155,280	166,252	0	0	190,809	306,233	0	0
11.	Number of Inpatient Admissions	117,553	120	35,703	14,709	0	0	22,507	44,514	0	0
12.	Health Premiums Written (b)	5,077,537,837	329,950,722	2,423,038,573	123,131,115	8,867,295	39,320,382	872,240,574	1,151,385,874	0	129,603,302
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	5,102,158,887	333,019,011	2,426,105,435	122,692,151	8,874,398	39,364,790	896,058,948	1,146,440,852	0	129,603,302
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17.	Amount Paid for Provision of Health Care Services	4,269,451,378	260,746,946	1,932,873,495	88,672,041	5,098,654	25,807,150	840,324,170	1,001,261,158	(29,376)	114,697,140
18.	Amount Incurred for Provision of Health Care Services	4,256,225,695	255,653,965	1,931,451,692	86,865,756	5,125,080	25,986,098	849,399,181	982,896,836	(29,376)	118,876,463

(a) For health business: number of persons insured under PPO managed care products1,527,994 and number of persons insured under indemnity only products57,194 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,151,385,874

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

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	1 2013	2 2012	3 2011	4 2010	5 2009
A. OPERATIONS ITEMS					
1. Premiums	0	0	14	89	308
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
5. Total hospital and medical expenses				(2)	341
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	0	0	0	0	16
8. Reinsurance recoverable on paid losses	0	0	0	8	325
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers			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
18. Funds deposited by and withheld from (F)			XXX	XXX	XXX
19. Letters of credit (L)			XXX	XXX	XXX
20. Trust agreements (T)			XXX	XXX	XXX
21. Other (O)			XXX	XXX	XXX

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)	1,365,914,965		1,365,914,965
2. Accident and health premiums due and unpaid (Line 15)	160,339,437		160,339,437
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)	361,184,821		361,184,821
6. Total assets (Line 28)	1,887,439,223	0	1,887,439,223
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	465,230,331		465,230,331
8. Accrued medical incentive pool and bonus payments (Line 2)	3,407,170		3,407,170
9. Premiums received in advance (Line 8)	37,597,937		37,597,937
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)	602,820,999		602,820,999
15. Total liabilities (Line 24)	1,109,056,437	0	1,109,056,437
16. Total capital and surplus (Line 33)	778,382,786	XXX	778,382,786
17. Total liabilities, capital and surplus (Line 34)	1,887,439,223	0	1,887,439,223
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				
		1	2	3	4	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	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	CAN				
58.	Aggregate Other Alien	OT				
59.	Total					

NONE

ANNUAL STATEMENT FOR THE YEAR 2013 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	Relation-ship 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.	
							AMERIGROUP Community Care of Arizona, Inc.							
..0671	WellPoint, Inc.		13-4212808					AZ	NIA	AMERIGROUP Corporation	Ownership	..100.000	WellPoint, Inc.	
							AMERIGROUP Community Care of Mississippi, Inc.	MS	NIA	AMERIGROUP Corporation	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		26-4362114				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.	..0100
..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.		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.	
							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 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.		26-1498094				Anthem Health Plans of Kentucky, Inc.	KY	IA	ATH Holding Company, LLC	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	..95120	61-1237516				Anthem Health Plans of Maine, Inc.	ME	IA	ATH Holding Company, LLC	Ownership	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.	..52618	31-1705652				Anthem Health Plans of New Hampshire, Inc.							
..0671	WellPoint, Inc.		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.	

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Community Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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..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. ....	..IN	..IA	WellPoint, Inc.	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc. ....	..13573	20-5876774				Anthem Life & Disability Insurance Company	..NY	..IA	WellPoint Acquisition, LLC	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc. ....	..61069	35-0980405				Anthem Life Insurance Company .....	..IN	..IA	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.						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. ....	..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.		46-2406017				CareMore Health Plan of Georgia, Inc. ....	..GA	..NIA	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	CMMC Holding Company, LLC	Ownership.....	..2.000	WellPoint, Inc.	
..0671	WellPoint, Inc.						CareNex Health Services, LLC .....	..DE	..NIA	SellCore, Inc.	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		58-2217138				Cerulean Companies, Inc. ....	..GA	..NIA	Anthem Holding Corp.	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc.		87-0661210				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.						CMMC Holding Company, LLC .....	..DE	..NIA	CareMore Health System	Ownership.....	..100.000	WellPoint, Inc.	
..0671	WellPoint, Inc. ....	..10345	31-1440175				Community Insurance Company .....	..OH	..RE	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. ....	..JRL	..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.	

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Community Insurance Company

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

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...0671	WellPoint, Inc.		01-0822645				DeCare Dental, LLC	..IN	..NIA	Anthem Holding Corp.	Ownership.....	..100.000	WellPoint, Inc.	
...0671	WellPoint, Inc.						DeCare Operations Ireland, Limited	..JRL	..NIA	DeCare Dental, LLC	Ownership.....	..100.000	WellPoint, Inc.	
...0671	WellPoint, Inc.						DeCare Systems Ireland, Limited	..JRL	..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.		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	..IA	WellPoint California Services, Inc.	Ownership.....	..100.000	WellPoint, Inc. ....	...0104
...0671	WellPoint, Inc.		26-4286154				Government Health Services, LLC	..WI	..NIA	ATH Holding Company, LLC	Ownership.....	..100.000	WellPoint, Inc.	
...0671	WellPoint, Inc. ....	..97217	58-1473042				Greater Georgia Life Insurance Company	..GA	..IA	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	..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. ....	..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.		39-2013971				Meridian Resource Company, LLC	..WI	..NIA	Compcare Health Services Insurance Corporation	Ownership.....	..100.000	WellPoint, Inc.	
...0671	WellPoint, Inc.		35-1840597				National Government Services, Inc.	..IN	..NIA	Anthem Insurance Companies, Inc.	Ownership.....	..100.000	WellPoint, Inc.	
...0671	WellPoint, Inc.		46-1595582				National Telehealth Network, LLC	..DE	..NIA	Sellcore, Inc.	Ownership.....	..50.000	WellPoint, Inc. ....	...0105
...0671	WellPoint, Inc. ....	..85286	75-1461960				OneNation Insurance Company	..IN	..IA	ATH Holding Company, LLC	Ownership.....	..100.000	WellPoint, Inc.	
...0671	WellPoint, Inc.		95-4249368				Park Square Holdings, Inc.	..CA	..NIA	WellPoint California Services, Inc.	Ownership.....	..100.000	WellPoint, Inc.	
...0671	WellPoint, Inc.		95-4386221				Park Square I, Inc.	..CA	..NIA	WellPoint California Services, Inc.	Ownership.....	..100.000	WellPoint, Inc.	
...0671	WellPoint, Inc.		95-4249345				Park Square II, Inc.	..CA	..NIA	WellPoint California Services, Inc.	Ownership.....	..100.000	WellPoint, Inc.	
...0671	WellPoint, Inc.						PHP Holdings, Inc.	..FL	..NIA	AMERIGROUP Corporation	Ownership.....	..100.000	WellPoint, Inc.	
...0671	WellPoint, Inc.		43-1595640				R & P Realty, Inc.	..MO	..NIA	RightCHOICE Managed Care, Inc.	Ownership.....	..100.000	WellPoint, Inc.	
...0671	WellPoint, Inc.		56-2396739				Resolution Health, Inc.	..DE	..NIA	Anthem Southeast, Inc.	Ownership.....	..100.000	WellPoint, Inc.	
...0671	WellPoint, Inc.		27-4410025				Radiant Services, LLC	..IN		Community Insurance Company	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.						State Sponsored Business UM Services, Inc.							
...0671	WellPoint, Inc.		45-4071004					..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.	

ANNUAL STATEMENT FOR THE YEAR 2013 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 Loca-tion	Rela-tion-ship 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 Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	*
...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 ..	.....	.....	.....	.....	..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. ....	.....	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 ..	.....	.....	.....	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. ....	...0106 ...

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	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	50% owned by American Well Corporation
0106	36.12% owned by unaffiliated investors

ANNUAL STATEMENT FOR THE YEAR 2013 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)
	87-0571643	1-800 Contacts, Inc.					(71,636,284)	.0			(71,636,284)	.0
11069	36-4384128	American Imaging Management East, LLC					(54,968)	.0			(54,968)	.0
	36-3692630	American Imaging Management, Inc.					(32,850,056)	.0			(32,850,056)	.0
12229	06-1696189	AMGP Georgia Managed Care Company, Inc.	(40,000,000)				(65,986,457)	.0			(105,986,457)	.0
12354	20-2073598	AMERIGROUP Community Care of New Mexico, Inc.					(21,184,186)	.0			(21,184,186)	.0
	54-1739323	AMERIGROUP Corporation		(25,000,000)			556,882,597	.0			531,882,597	.0
95093	65-0318864	AMERIGROUP Florida, Inc.					(42,648,499)	.0			(42,648,499)	.0
14078	45-2485907	AMERIGROUP Insurance Company					(26,820,711)	.0			(26,820,711)	.0
14276	45-3358287	AMERIGROUP Kansas, Inc.		117,000,000			(34,462,058)	.0			82,537,942	.0
14064	26-4674149	AMERIGROUP Louisiana, Inc.					(25,917,632)	.0			(25,917,632)	.0
95832	51-0387398	AMERIGROUP Maryland, Inc.	(60,000,000)				(59,823,790)	.0			(119,823,790)	.0
12586	20-3317697	AMERIGROUP Nevada, Inc.	(15,000,000)				(16,088,846)	.0			(31,088,846)	.0
95373	22-3375292	AMERIGROUP New Jersey, Inc.					(46,006,316)	.0			(46,006,316)	.0
	13-3865627	AMERIGROUP New York, LLC					(123,023,719)	.0			(123,023,719)	.0
10767	13-4212818	AMERIGROUP Ohio Inc	(16,000,000)				(8,306,340)	.0			(24,306,340)	.0
95314	75-2603231	AMERIGROUP Texas, Inc.					(169,831,045)	.0			(169,831,045)	.0
12941	20-4776597	AMERIGROUP Tennessee, Inc.	(24,000,000)				(52,020,682)	.0			(76,020,682)	.0
14073	27-3510384	AMERIGROUP Washington, Inc.					(11,522,673)	.0			(11,522,673)	.0
62825	95-4331852	Anthem Blue Cross Life and Health Insurance Company, Inc.	(321,300,000)				(1,090,005,560)	(6,593,452)			(1,417,899,012)	5,276,555
95120	61-1237516	Anthem Health Plans of Kentucky, Inc.	(110,000,000)				(283,561,492)	.0			(393,561,492)	.0
52618	31-1705652	Anthem Health Plans of Maine, Inc.	(39,900,000)				(93,580,646)	.0			(133,480,646)	.0
53759	02-0510530	Anthem Health Plans of New Hampshire, Inc.	(30,000,000)				(48,631,838)	(349,381)			(78,981,219)	25,832
71835	54-0357120	Anthem Health Plans of Virginia, Inc.	(333,200,000)				(561,705,247)	(1,016,277)			(895,921,524)	(2,941,370)
60217	06-1475928	Anthem Health Plans, Inc.	(132,000,000)				(286,399,596)	.0			(418,399,596)	.0
28207	35-0781558	Anthem Insurance Companies, Inc.	(327,500,000)				(1,078,538,841)	14,321,969			(1,391,716,872)	(2,951,578)
13573	20-5876774	Anthem Life and Disability Insurance Company					(845,967)	.0			(845,967)	.0
61069	35-0980405	Anthem Life Insurance Company	(15,000,000)				(34,780,409)	21,821,972			(27,958,437)	(21,802,090)
	11-3713086	ATH Holding Company, LLC					15,601,368	.0			15,601,368	.0
54801	58-0469845	Blue Cross and Blue Shield of Georgia, Inc.	(78,400,000)				(333,131,142)	.0			(411,531,142)	.0
96962	58-1638390	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	(56,300,000)				(226,757,945)	.0			(283,057,945)	.0
54003	39-0138065	Blue Cross Blue Shield of Wisconsin	(30,000,000)				(107,754,274)	(147,616)			(137,901,890)	(44,200)
	95-3760980	Blue Cross of California	(350,000,000)	(15,000,000)			(790,553,784)	(302,527)			(1,155,856,311)	850
	20-2994048	Blue Cross of California Partnership Plan, Inc.		15,000,000			(65,670,967)	.0			(50,670,967)	.0
	95-4694706	Caremore Health Plan	(35,000,000)				(124,876,847)	.0			(159,876,847)	.0
13562	38-3975280	Caremore Health Plan of Arizona, Inc.		5,000,000			(48,618,892)	.0			(43,618,892)	.0
13753	27-1848815	CareMore Health Plan of Colorado, Inc.		200,000			357	.0			200,357	.0
13605	26-4001602	Caremore Health Plan of Nevada		10,000,000			(15,025,792)	.0			(5,025,792)	.0

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 Health System					41,391,962	0			41,391,962	0
10345	31-1440175	Community Insurance Company	(380,000,000)				(767,017,828)	0			(1,147,017,828)	0
95693	39-1462554	Compcare Health Services Insurance Corporation	(20,000,000)				(64,211,947)	0			(84,211,947)	0
	01-0822645	DeCare Dental, LLC					(35,945,015)	0			(35,945,015)	0
55093	23-7391136	Empire HealthChoice Assurance, Inc.	(90,000,000)				(551,789,204)	0			(641,789,204)	0
95433	13-3874803	Empire HealthChoice HMO, Inc.	(90,000,000)				(122,752,929)	0			(212,752,929)	0
	95-2907752	Golden West Health Plan, Inc.					(1,656,382)	0			(1,656,382)	0
97217	58-1473042	Greater Georgia Life Insurance Company					(5,300,908)	0			(5,300,908)	0
	51-0365660	Health Core, Inc.					(18,960,920)	0			(18,960,920)	0
95169	54-1356687	HealthKeepers, Inc.	(94,500,000)				(157,545,508)	1,016,277			(251,029,231)	2,941,370
96475	43-1616135	HealthLink HMO, Inc.	(10,500,000)				10,690,950	35,729			226,679	11,330
	43-1364135	HealthLink, Inc.					(76,135,091)	0			(76,135,091)	0
78972	86-0257201	Healthy Alliance Life Insurance Company	(100,000,000)				(241,720,419)	0			(341,720,419)	0
95473	84-1017384	HMO Colorado, Inc.	(15,600,000)				(18,101,756)	0			(33,701,756)	0
95358	37-1216698	HMO Missouri, Inc.	(35,000,000)				(12,589,331)	0			(47,589,331)	0
	98-0408753	HTH Re, LTD					0	6,593,452			6,593,452	(5,276,555)
95527	02-0494919	Matthew Thornton Health Plan, Inc.	(20,000,000)				(61,751,313)	0			(81,751,313)	0
	35-1840597	National Government Services, Inc.					(17,667,016)	0			(17,667,016)	0
85286	75-1461960	OneNation Insurance Company					(240,804)	126,268			(114,536)	281,477
60024	13-3989915	Rayant Insurance Company of New York					37,095	0			37,095	0
83640	36-3506910	RightCHOICE Insurance Company		10,500,000			(98,820)	0			10,401,180	0
	47-0851593	RightCHOICE Managed Care, Inc.					(17,164,319)	0			(17,164,319)	0
11011	84-0747736	Rocky Mountain Hospital and Medical Service, Inc.	(65,200,000)				(233,768,331)	(14,634,342)			(313,602,673)	(305,194)
	35-1835818	The WellPoint Companies, Inc.					3,389,737,335	0			3,389,737,335	0
	45-5443372	The WellPoint Companies of California, Inc.					178,639,347	0			178,639,347	0
70700	36-3304416	UNICARE Health Insurance Company of the Midwest					(1,110,196)	0			(1,110,196)	0
12805	20-4842073	UNICARE Health Plan of Kansas, Inc.	(34,000,000)	3,000,000			635,870	0			(30,364,130)	0
11810	84-1620480	UNICARE Health Plan of West Virginia, Inc.					(23,040,355)	0			(26,140,355)	0
			(3,100,000)					0				0
95420	74-2151310	UNICARE Health Plans of Texas, Inc.					524,526	0			524,526	0
95505	36-3897076	UNICARE Health Plans of the Midwest, Inc.					(895,820)	0			(895,820)	0
80314	52-0913817	UNICARE Life & Health Insurance Company	(75,000,000)				(65,973,848)	(20,872,072)			(161,845,920)	24,783,573
	20-3620996	WellPoint Holding Corp	270,000,000				19,226,711	0			289,226,711	0
	45-2736438	WellPoint Information Technology Services						0				0
							224,290,807	0			224,290,807	0
	36-3897080	WellPoint Partnership Plan, LLC					(18,577,288)	0			(18,577,288)	0
	35-2145715	WellPoint, Inc.	2,776,500,000	(120,700,000)			4,074,979,924	0			6,730,779,924	0
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2013 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]	

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Community Insurance Company

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 2013 OF THE Community Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2013
(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 Acutary Analyst..... Telephone Number 502-889-3183.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011; 2012; 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	PD003	P	NO	0200560	10/29/1991			01/01/1992	Medicomp 2	6,326,218	3,918,585	61.9	1,483			0.0	
YES	PD009	P	NO	0204060	07/18/1990			01/01/1992	Mediplus Standard	71,051	76,958	108.3	22			0.0	
YES	PD010	P	NO	0200560	10/29/1991			01/01/1992	Medicomp 1	73,218	36,061	49.3	41			0.0	
YES	PD011	A	NO	0204060	03/10/1992			06/01/2010	Medicomp A	221,710	329,241	148.5	35			0.0	
YES	PD014	D	NO	0204000	03/10/1992			06/01/2010	Medicomp D	673,463	468,456	69.6	160			0.0	
YES	PD021	P	NO	0200560	01/21/1992			01/01/1992	Medicomp 3	463,064	419,330	90.6	60			0.0	
									Insurance for One, Medicare Supplement Plan A – Attained Age								
YES	PD027	A	NO	0034000	08/31/1994			06/01/2010	Insurance for One, Medicare Supplement Plan A – Attained Age	119,741	69,762	58.3	66			0.0	
									Insurance for One, Medicare Supplement Plan C – Attained Age								
YES	PD028	C	NO	0034000	08/31/1994			06/01/2010	Insurance for One, Medicare Supplement Plan C – Attained Age	13,426,448	8,501,351	63.3	4,401			0.0	
									Insurance for One, Medicare Supplement Plan F – Attained Age								
YES	PD029	F	NO	0034000	08/31/1994			06/01/2010	Insurance for One, Medicare Supplement Plan F – Attained Age	8,415,030	5,009,317	59.5	2,806			0.0	
									Insurance for One, Medicare Supplement Plan I – Attained Age								
YES	PD030	I	NO	0034000	08/31/1994			01/01/2006	Insurance for One, Medicare Supplement Plan I – Attained Age	600,777	368,152	61.3	167			0.0	
									Insurance for One, Medicare Supplement Plan B – Attained Age								
YES	PD031	B	NO	0034000	10/11/1994			06/01/2010	Insurance for One, Medicare Supplement Plan B – Attained Age	225,837	126,131	55.9	83			0.0	
									Insurance for One, Medicare Supplement Plan D – Attained Age								
YES	PD032	D	NO	0034000	10/11/1994			06/01/2010	Insurance for One, Medicare Supplement Plan D – Attained Age	314,280	148,922	47.4	104			0.0	
									Insurance for One, Medicare Supplement Plan E – Attained Age								
YES	PD033	E	NO	0034000	10/11/1994			06/01/2010	Insurance for One, Medicare Supplement Plan E – Attained Age	51,883	41,389	79.8	16			0.0	
									Insurance for One, Medicare Supplement Plan G – Attained Age								
YES	PD034	G	NO	0034000	10/11/1994			06/01/2010	Insurance for One, Medicare Supplement Plan G – Attained Age	450,923	203,794	45.2	154			0.0	
									Insurance for One, Medicare Supplement Plan H – Attained Age								
YES	PD035	H	NO	0034000	10/11/1994			01/01/2006	Insurance for One, Medicare Supplement Plan H – Attained Age	204,232	144,368	70.7	61			0.0	
									Health Maintenance Plan (Medicare Supplement product)			0.0				0.0	
YES	CG008	P	NO	0200560	10/29/1991			01/01/1992	Modernized MedSupp Plan A								
YES	WPPLANAM(09)–OH	A	NO	0034060	06/01/2010				Modernized MedSupp Plan A	23,764	39,793	167.5	6	371,180	689,424	185.7	94
									Modernized MedSupp Plan F								
YES	WPPLANFM(09)–OH	F	NO	0034000	06/01/2010				Modernized MedSupp Plan F	2,806,506	1,878,298	66.9	1,229	27,248,109	18,764,343	68.9	12,852
									Modernized MedSupp Plan G								
YES	WPPLANGM(09)–OH	G	NO	0034000	06/01/2010				Modernized MedSupp Plan G	82,158	51,552	62.7	33	1,651,925	1,420,818	86.0	658
									Modernized MedSupp Plan High F								
YES	WPPLANHFIM(09)–OH	F	NO	0034000	06/01/2010				Modernized MedSupp Plan High F	25,563	252	1.0	30	1,161,804	477,357	41.1	1,480

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SUPPLEMENT FOR THE YEAR 2013 OF THE Community Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2013
(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 Acutary Analyst..... Telephone Number 502-889-3183.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011; 2012; 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	WPPLANNM(09)-OH	N	NO	.0034000	.06/01/2010				Modernized MedSupp Plan N	422,849	254,342	60.1	228	5,208,782	3,989,328	76.6	3,002
YES	WPPLANFSelectM(11)-OH	F	YES	.0034000	.01/01/2012				Modernized Select MedSupp Plan F			0.0		1,626,642	1,122,111	69.0	1,010
YES	WPPLANHIFSelectM(11)-OH	F	YES	.0034000	.01/01/2012				Modernized Select MedSupp Plan High F			0.0		100,075	47,826	47.8	152
YES	WPPLANGSelectM(11)-OH	G	YES	.0034000	.01/01/2012				Modernized Select MedSupp Plan G			0.0		138,460	76,265	55.1	76
YES	WPPLANNSelectM(11)-OH	N	YES	.0034000	.01/01/2012				Modernized Select MedSupp Plan N			0.0		433,490	265,304	61.2	423
0199999. Total Experience on Individual Policies										34,998,715	22,086,054	63.1	11,185	37,940,467	26,852,776	70.8	19,747
YES	PD023	A	NO	.0030500	.06/14/1994			.06/01/2010	Insurance for One, Medicare Supplement Plan A		837	0.0				0.0	
YES	PD024	C	NO	.0030500	.06/14/1994			.06/01/2010	Insurance for One, Medicare Supplement Plan C	100,868	55,998	55.5	32			0.0	
YES	PD025	F	NO	.0030500	.06/14/1994			.06/01/2010	Insurance for One, Medicare Supplement Plan F	41,556	31,060	74.7	13			0.0	
YES	PD026	I	NO	.0030500	.06/14/1994			.01/01/2006	Insurance for One, Medicare Supplement Plan I	3,366	37	1.1				0.0	
YES	PD037	C	YES	.0234000	.07/26/1995			.06/01/2010	Insurance for One, Medicare Select Plan C	9,303,258	6,737,445	72.4	3,929			0.0	
YES	PD038	F	YES	.0234000	.07/26/1995			.06/01/2010	Insurance for One, Medicare Select Plan F	2,251,982	1,863,769	82.8	1,169			0.0	
YES	TA010	A	NO	.0234000	.09/09/1993			.06/01/2010	Insurance for One, Medicare Supplement Plan A	229,470	180,548	78.7	180			0.0	
YES	TA011	C	NO	.0234000	.09/09/1993			.06/01/2010	Insurance for One, Medicare Supplement Plan C	20,371,424	15,182,884	74.5	7,836			0.0	
YES	TA012	F	NO	.0234000	.09/09/1993			.06/01/2010	Insurance for One, Medicare Supplement Plan F	16,271,763	12,874,547	79.1	7,318			0.0	
YES	TA013	I	NO	.0234000	.09/09/1993			.01/01/2006	Insurance for One, Medicare Supplement Plan I	1,179,283	999,803	84.8	508			0.0	
0299999. Total Experience on Group Policies										49,752,970	37,926,928	76.2	20,985	0	0	0.0	0



SUPPLEMENT FOR THE YEAR 2013 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: 220 Virginia Avenue Indianapolis , IN 46204
2.2 Contact Person and Phone Number: Rex Weaver 317-287-6520
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 220 Virginia Avenue Indianapolis , IN 46204
3.2 Contact Person and Phone Number: Rex Weaver 317-287-6520
- 4. Explain any policies identified above as policy type "O".

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 - Enrollment By Product Type for Health Business Only	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid	18
Exhibit 3 - Health Care Receivables	19
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 - Part 1 - Summary of Transactions With Providers	24
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	24
Exhibit 8 - Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-ins	44
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI10
Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	E19
Schedule DB - Part A - Verification Between Years	SI11
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	E21
Schedule DB - Part B - Verification Between Years	SI11
Schedule DB - Part C - Section 1	SI12
Schedule DB - Part C - Section 2	SI13
Schedule DB - Part D - Section 1	E22
Schedule DB - Part D - Section 2	E23
Schedule DB - Verification	SI14
Schedule DL - Part 1	E24
Schedule DL - Part 2	E25
Schedule E - Part 1 - Cash	E26
Schedule E - Part 2 - Cash Equivalents	E27
Schedule E - Part 3 - Special Deposits	E28
Schedule E - Verification Between Years	SI15

ANNUAL STATEMENT BLANK (Continued)

Schedule S - Part 1 - Section 2	31
Schedule S - Part 2	32
Schedule S - Part 3 - Section 2	33
Schedule S - Part 4	34
Schedule S - Part 5	35
Schedule S - Part 6.....	36
Schedule S - Part 7.....	37
Schedule T - Part 2 - Interstate Compact	39
Schedule T - Premiums and Other Considerations	38
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit - Part 1	8
Underwriting and Investment Exhibit - Part 2	9
Underwriting and Investment Exhibit - Part 2A	10
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	13
Underwriting and Investment Exhibit - Part 3	14