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HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2014
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)
Mason , OH, US 45040-9498 (City or Town, State, Country and Zip Code), 513-872-8100 (Area Code) (Telephone Number)

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)
Waukesha , WI, US 53188 (City or Town, State, Country and Zip Code), 262-523-2439 (Area Code) (Telephone Number)

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
JoAnn Carol Stuckmeyer # Valuation Actuary

DIRECTORS OR TRUSTEES

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

State of Ohio
County of Warren SS:

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

Erin Patricia Hoeflinger
President/Chairperson

Kathleen Susan Kiefer
Vice President/Secretary

Robert David Kretschmer
Vice President/Treasurer

Subscribed and sworn to before me this 28th day of JANUARY, 2015

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.....

NOTARIAL SEAL STATE OF OHIO

Kathleen J. Fahey
Notary Public, State of Ohio
My Commission Expires 04-12-2019

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	707,618	7,196,600	147,949	1,503,252	1,503,252	8,052,168
Group Subscribers:						
Federal Employee Program Group	13,018,488	397,949	115,771	1,454,559		14,986,766
0299997. Group subscriber subtotal	13,018,488	397,949	115,771	1,454,559	0	14,986,766
0299998. Premiums due and unpaid not individually listed	7,779,801	1,000,642	(33,907)	(309,377)	83,709	8,353,450
0299999. Total group	20,798,289	1,398,591	81,864	1,145,182	83,709	23,340,216
0399999. Premiums due and unpaid from Medicare entities	18,555,381	(54,851)	208,484	1,626,616		20,335,630
0499999. Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	40,061,288	8,540,340	438,297	4,275,050	1,586,961	51,728,014

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.	9,964,886	5,867,228	6,923,557	22,917,403	22,917,403	22,755,671
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed						
0199999. Total Pharmaceutical Rebate Receivables	9,964,886	5,867,228	6,923,557	22,917,403	22,917,403	22,755,671
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	3,205,825	1,914,725	194,809	961,279	6,276,638	
0299999. Total Claim Overpayment Receivables	3,205,825	1,914,725	194,809	961,279	6,276,638	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	6,123,173	144,398		136,279	6,403,850	
0699999. Total Other Receivables	6,123,173	144,398	0	136,279	6,403,850	0
0799999 Gross health care receivables	19,293,884	7,926,351	7,118,366	24,014,961	35,597,891	22,755,671

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	38,247,500	38,389,258		45,673,074	38,247,500	37,857,788
2. Claim overpayment receivables	7,300,851	35,472,396	881,171	5,395,467	8,182,022	5,175,686
3. Loans and advances to providers					0	0
4. Capitation arrangement receivables		26,437			0	0
5. Risk sharing receivables					0	0
6. Other health care receivables	49,165	13,914,036	88,091	6,315,760	137,256	341,768
7. Totals (Lines 1 through 6)	45,597,516	87,802,127	969,262	57,384,301	46,566,778	43,375,242

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)

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	3,356,435	71,215	7,829	5,371		3,440,850
0399999. Aggregate accounts not individually listed-covered	172,557,360	3,661,225	402,515	276,123		176,897,223
0499999. Subtotals	175,913,795	3,732,440	410,344	281,494	0	180,338,073
0599999. Unreported claims and other claim reserves						338,861,899
0699999. Total amounts withheld						
0799999. Total claims unpaid						519,199,972
0899999 Accrued medical incentive pool and bonus amounts						6,683,673

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Anthem Health Plans of Kentucky, Inc.	24,111,873					24,111,873	
Anthem Insurance Companies, Inc.	103,126,665					103,126,665	
0199999. Individually listed receivables	127,238,538	0	0	0	0	127,238,538	0
0299999. Receivables not individually listed	79,887,020					79,887,020	
0399999 Total gross amounts receivable	207,125,558	0	0	0	0	207,125,558	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Blue Cross of California	Claims paid by affiliate	13,558,674	13,558,674	
Anthem Blue Cross Life and Health Insurance Company	Claims paid by affiliate	11,169,963	11,169,963	
0199999. Individually listed payables		24,728,637	24,728,637	0
0299999. Payables not individually listed		83,461,387	83,461,387	
0399999 Total gross payables		108,190,024	108,190,024	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	3,606,048	0.1	38,415	1.9		3,606,048
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	3,606,048	0.1	38,415	1.9	0	3,606,048
Other Payments:						
5. Fee-for-service	1,691,717,552	39.0	XXX	XXX		1,691,717,552
6. Contractual fee payments	2,508,561,669	57.8	XXX	XXX		2,508,561,669
7. Bonus/withhold arrangements - fee-for-service	355,799	0.0	XXX	XXX		355,799
8. Bonus/withhold arrangements - contractual fee payments	11,405,881	0.3	XXX	XXX		11,405,881
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	120,718,673	2.8	XXX	XXX		120,718,673
12. Total other payments	4,332,759,574	99.9	XXX	XXX	0	4,332,759,574
13. TOTAL (Line 4 plus Line 12)	4,336,365,622	100%	XXX	XXX	0	4,336,365,622

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	54,684,045		54,147,173	536,872	536,872	
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment	3,947,369		1,807,477	2,139,892	2,139,892	
6.	Total	58,631,414	0	55,954,650	2,676,764	2,676,764	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 0671 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2014 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	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	(246,243)							(246,243)		
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	(97,978)							(97,978)		
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	58,639							58,639		
18 Amount Incurred for Provision of Health Care Services	750							750		

(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 $ .....(246,243)

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 0671 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2014 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	1,899,391	111,121	555,125	51,917	173,156	133,381	182,673	111,977		580,041
2. First Quarter	2,006,847	107,230	548,574	51,190	255,149	145,285	156,371	132,288		610,760
3. Second Quarter	2,015,006	110,409	534,884	51,095	258,948	147,577	155,982	132,785		623,326
4. Third Quarter	1,987,484	102,350	512,846	51,203	262,899	142,515	158,499	133,348		623,824
5. Current Year	1,974,741	94,982	501,838	51,054	263,421	142,626	155,882	134,713		630,225
6. Current Year Member Months	24,051,555	1,266,075	6,335,919	614,148	3,112,787	1,740,464	1,874,231	1,595,997		7,511,934
Total Member Ambulatory Encounters for Year:										
7 Physician	7,604,862	491,965	2,554,305	857,696			1,482,792	2,218,104		
8. Non-Physician	4,288,117	250,436	1,594,126	311,765	88,856	306,878	807,210	928,846		
9. Total	11,892,979	742,401	4,148,431	1,169,461	88,856	306,878	2,290,002	3,146,950	0	0
10. Hospital Patient Days Incurred	908,409	24,845	134,797	169,711			170,712	408,344		
11. Number of Inpatient Admissions	120,871	5,183	32,726	15,045			21,980	45,937		
12. Health Premiums Written (b)	5,281,416,563	372,672,847	2,372,626,234	118,163,480	15,656,061	43,925,154	944,793,285	1,256,319,973		157,259,529
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	5,310,718,304	376,400,138	2,372,459,341	121,221,210	15,656,883	44,030,514	944,793,285	1,278,897,404		157,259,529
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	4,336,306,984	281,457,429	1,850,444,251	89,305,230	9,684,448	27,420,077	877,400,359	1,079,910,168	(33,651)	120,718,673
18 Amount Incurred for Provision of Health Care Services	4,393,400,290	300,252,485	1,862,636,090	89,340,939	9,861,007	27,746,029	874,967,527	1,096,298,830	(32,931)	132,330,314

(a) For health business: number of persons insured under PPO managed care products 1,609,367 and number of persons insured under indemnity only products 52,836 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 1,256,319,973

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code 0671 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2014 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	1,899,391	111,121	555,125	51,917	173,156	133,381	182,673	111,977	0	580,041
2. First Quarter	2,006,847	107,230	548,574	51,190	255,149	145,285	156,371	132,288	0	610,760
3. Second Quarter	2,015,006	110,409	534,884	51,095	258,948	147,577	155,982	132,785	0	623,326
4. Third Quarter	1,987,484	102,350	512,846	51,203	262,899	142,515	158,499	133,348	0	623,824
5. Current Year	1,974,741	94,982	501,838	51,054	263,421	142,626	155,882	134,713	0	630,225
6. Current Year Member Months	24,051,555	1,266,075	6,335,919	614,148	3,112,787	1,740,464	1,874,231	1,595,997	0	7,511,934
Total Member Ambulatory Encounters for Year:										
7 Physician	7,604,862	491,965	2,554,305	857,696	0	0	1,482,792	2,218,104	0	0
8. Non-Physician	4,288,117	250,436	1,594,126	311,765	88,856	306,878	807,210	928,846	0	0
9. Total	11,892,979	742,401	4,148,431	1,169,461	88,856	306,878	2,290,002	3,146,950	0	0
10. Hospital Patient Days Incurred	908,409	24,845	134,797	169,711	0	0	170,712	408,344	0	0
11. Number of Inpatient Admissions	120,871	5,183	32,726	15,045	0	0	21,980	45,937	0	0
12. Health Premiums Written (b)	5,281,170,320	372,672,847	2,372,626,234	118,163,480	15,656,061	43,925,154	944,793,285	1,256,073,730	0	157,259,529
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	5,310,620,326	376,400,138	2,372,459,341	121,221,210	15,656,883	44,030,514	944,793,285	1,278,799,426	0	157,259,529
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	4,336,365,623	281,457,429	1,850,444,251	89,305,230	9,684,448	27,420,077	877,400,359	1,079,968,807	(33,651)	120,718,673
18 Amount Incurred for Provision of Health Care Services	4,393,401,040	300,252,485	1,862,636,090	89,340,939	9,861,007	27,746,029	874,967,527	1,096,299,580	(32,931)	132,330,314

(a) For health business: number of persons insured under PPO managed care products 1,609,367 and number of persons insured under indemnity only products 52,836 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 1,256,073,730

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
			NONE								
9999999 - Totals											

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total Life and Annuity - U.S. Affiliates					0	0
0699999. Total Life and Annuity - Non-U.S. Affiliates					0	0
0799999. Total Life and Annuity - Affiliates					0	0
1099999. Total Life and Annuity - Non-Affiliates					0	0
1199999. Total Life and Annuity					0	0
1499999. Total Accident and Health - U.S. Affiliates					0	0
1799999. Total Accident and Health - Non-U.S. Affiliates					0	0
1899999. Total Accident and Health - Affiliates					0	0
00000	AA-9990032	01/01/2014	U.S. Department of Health and Human Services	DC	23,019,013	3,702,351
1999999. Accident and Health - U.S. Non-Affiliates					23,019,013	3,702,351
2199999. Total Accident and Health - Non-Affiliates					23,019,013	3,702,351
2299999. Total Accident and Health					23,019,013	3,702,351
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					23,019,013	3,702,351
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
9999999 Totals - Life, Annuity and Accident and Health					23,019,013	3,702,351

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0
00000	AA-9990032	01/01/2014	U.S. Department of Health and Human Services	DC	OTH/I	CMM	1,399,902						
0899999. General Account - Authorized U.S. Non-Affiliates							1,399,902	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							1,399,902	0	0	0	0	0	0
1199999. Total General Account Authorized							1,399,902	0	0	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified							1,399,902	0	0	0	0	0	0
3799999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified							0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified							0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							1,399,902	0	0	0	0	0	0
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							0	0	0	0	0	0	0
9999999 - Totals							1,399,902	0	0	0	0	0	0

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

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 2014	2 2013	3 2012	4 2011	5 2010
	A. OPERATIONS ITEMS					
1.	Premiums	1,400	0	0	14	89
2.	Title XVIII - Medicare	0	0	0	0	0
3.	Title XIX - Medicaid	0	0	0	0	0
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses	26,721				(2)
	B. BALANCE SHEET ITEMS					
6.	Premiums receivable					
7.	Claims payable	3,702	0	0	0	0
8.	Reinsurance recoverable on paid losses	23,019	0	0	0	8
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
	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
18.	Funds deposited by and withheld from (F)				XXX	XXX
19.	Letters of credit (L)				XXX	XXX
20.	Trust agreements (T)				XXX	XXX
21.	Other (O)				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)	1,359,800,196		1,359,800,196
2.	Accident and health premiums due and unpaid (Line 15)	161,632,967		161,632,967
3.	Amounts recoverable from reinsurers (Line 16.1)	23,019,013	(23,019,013)	0
4.	Net credit for ceded reinsurance	XXX	26,721,364	26,721,364
5.	All other admitted assets (Balance)	469,815,693		469,815,693
6.	Total assets (Line 28)	2,014,267,869	3,702,351	2,017,970,220
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	515,497,621	3,702,351	519,199,972
8.	Accrued medical incentive pool and bonus payments (Line 2)	6,683,673		6,683,673
9.	Premiums received in advance (Line 8)	44,146,207		44,146,207
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)	635,787,892		635,787,892
15.	Total liabilities (Line 24)	1,202,115,393	3,702,351	1,205,817,744
16.	Total capital and surplus (Line 33)	812,152,476	XXX	812,152,476
17.	Total liabilities, capital and surplus (Line 34)	2,014,267,869	3,702,351	2,017,970,220
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	3,702,351		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	23,019,013		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	26,721,364		
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	26,721,364		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	IN						
16. Iowa	IA						
17. Kansas	KS						
18. Kentucky	KY						
19. Louisiana	LA						
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts	MA						
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	MT						
28. Nebraska	NE						
29. Nevada	V						
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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
0671	Anthem, Inc.		36-3692630				American Imaging Management, Inc.	IL	NIA	Imaging Management Holdings, L.L.C.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.						AMERIGROUP Arizona, Inc.	AZ	NIA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		13-4212810				AMERIGROUP California, Inc.	CA	NIA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	12354	20-2073598				AMERIGROUP Community Care of New Mexico, Inc.	NM	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		54-1739323				AMERIGROUP Corporation	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	95093	65-0318864				AMERIGROUP Florida, Inc.	FL	IA	PHP Holdings, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	14078	45-2485907				Amerigroup Insurance Company	TX	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	14276	45-3358287				Amerigroup Kansas, Inc.	KS	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	14064	26-4674149				AMERIGROUP Louisiana, Inc.	LA	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	95832	51-0387398				AMERIGROUP Maryland, Inc.	MD	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	12586	20-3317697				AMERIGROUP Nevada, Inc.	NV	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	95373	22-3375292				AMERIGROUP New Jersey, Inc.	NJ	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		13-3865627				AMERIGROUP New York, LLC	NY	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	0100
0671	Anthem, Inc.	10767	13-4212818				AMERIGROUP Ohio, Inc.	OH	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		13-4212819				AMERIGROUP Pennsylvania, Inc.	PA	NIA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		80-0771594				Amerigroup Services, Inc.	VA	NIA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	12941	20-4776597				AMERIGROUP Tennessee, Inc.	TN	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	95314	75-2603231				AMERIGROUP Texas, Inc.	TX	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	14073	27-3510384				AMERIGROUP Washington, Inc.	WA	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	12229	06-1696189				AMGP Georgia Managed Care Company, Inc.	GA	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	62825	95-4331852				Anthem Blue Cross Life and Health Insurance Company	CA	IA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		35-1898945				Anthem Financial, Inc.	DE	NIA	Associated Group, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		26-1498094				Anthem Health Insurance Company of Nevada	NV	NIA	HMO Colorado, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	95120	61-1237516				Anthem Health Plans of Kentucky, Inc.	KY	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	52618	31-1705652				Anthem Health Plans of Maine, Inc.	ME	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	53759	02-0510530				Anthem Health Plans of New Hampshire, Inc.	NH	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	71835	54-0357120	40003317			Anthem Health Plans of Virginia, Inc.	VA	IA	Anthem Southeast, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	60217	06-1475928				Anthem Health Plans, Inc.	CT	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		61-1459939				Anthem Holding Corp.	IN	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		35-2145715		6324	New York Stock Exchange -NYSE)	Anthem, Inc.	IN	UIP				Anthem, Inc.	
0671	Anthem, Inc.	28207	35-0781558				Anthem Insurance Companies, Inc.	IN	IA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	15543	47-0992859				Anthem Kentucky Managed Care Plan, Inc.	KY	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	13573	20-5876774				Anthem Life & Disability Insurance Company	NY	IA	WellPoint Acquisition, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	61069	35-0980405				Anthem Life Insurance Company	IN	IA	Rocky Mountain Hospital and Medical Service, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		32-0031791				Anthem Southeast, Inc.	IN	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		35-2129194				Anthem UM Services, Inc.	IN	NIA	UNICARE Specialty Services, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		30-0606541				Anthem Workers' Compensation, LLC	IN	NIA	Anthem Blue Cross Life and Health Insurance Company	Ownership	75.000	Anthem, Inc.	
0671	Anthem, Inc.		30-0606541				Anthem Workers' Compensation, LLC	IN	NIA	HealthLink, Inc.	Ownership	25.000	Anthem, Inc.	
0671	Anthem, Inc.		95-4640529				Arcus Enterprises, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		20-2858384				ARCUS HealthLiving Services, Inc.	IN	NIA	Arcus Enterprises, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		35-1292384				Associated Group, Inc.	IN	NIA	Anthem Insurance Companies, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		11-3713086				ATH Holding Company, LLC	IN	UDP	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	54801	58-0469845				Blue Cross and Blue Shield of Georgia, Inc.	GA	IA	Cerulean Companies, Inc.	Ownership	100.000	Anthem, Inc.	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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0671	Anthem, Inc.	96962	58-1638390				Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	GA	IA	Cerulean Companies, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	54003	39-0138065				Blue Cross Blue Shield of Wisconsin	WI	IA	Crossroads Acquisition Corp.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		95-3760980				Blue Cross of California	CA	IA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	0101
0671	Anthem, Inc.		20-2994048				Blue Cross of California Partnership Plan, Inc.	CA	IA	Blue Cross of California	Ownership	100.000	Anthem, Inc.	0102
0671	Anthem, Inc.		20-4307514				CareMore Health Group, Inc.	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		95-4694706				CareMore Health Plan	CA	IA	CareMore Health System	Ownership	100.000	Anthem, Inc.	0103
0671	Anthem, Inc.	13562	38-3795280				CareMore Health Plan of Arizona, Inc.	AZ	IA	CareMore Health System	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	13753	27-1848815				CareMore Health Plan of Colorado, Inc.	CO	IA	CareMore Health System	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		46-2406017				CareMore Health Plan of Georgia, Inc.	GA	NIA	CareMore Health System	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	13605	26-4001602				CareMore Health Plan of Nevada	NV	IA	CareMore Health System	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		27-1625392				CareMore Health Plan of Texas, Inc.	TX	NIA	CareMore Health System	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		20-4307555				CareMore Holdings, Inc.	DE	NIA	CareMore Health Group, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		45-4985009				CareMore IPA of New York, LLC	NY	NIA	CareMore, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		32-0373216				CareMore, LLC	IN	NIA	CareMore Health System	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		20-2076421				CareMore Health System	CA	NIA	CareMore Holdings, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		95-4420935				CareMore Medical Management Company	CA	NIA	CareMore Health System	Ownership	98.000	Anthem, Inc.	
0671	Anthem, Inc.		95-4420935				CareMore Medical Management Company	CA	NIA	CMMC Holding Company, LLC	Ownership	2.000	Anthem, Inc.	
0671	Anthem, Inc.		58-2217138				Cerulean Companies, Inc.	GA	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		39-1413702				Claim Management Services, Inc.	WI	NIA	Blue Cross Blue Shield of Wisconsin	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		20-4307555				CMMC Holding Company, LLC	DE	NIA	CareMore Health System	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	10345	31-1440175				Community Insurance Company	OH	RE	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	95693	39-1462554				Compcare Health Services Insurance Corporation	WI	IA	Blue Cross Blue Shield of Wisconsin	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		20-0334650				Crossroads Acquisition Corp.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		41-1905556				DeCare Analytics, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		02-0574609				DeCare Dental Health International, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.						DeCare Dental Insurance Ireland, Ltd.	IRL	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		73-1665525				DeCare Dental Networks, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		01-0822645				DeCare Dental, LLC	MN	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.						DeCare Operations Ireland, Limited	IRL	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.						DeCare Systems Ireland, Limited	IRL	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		26-2544715				Designated Agent Company, Inc.	KY	NIA	Anthem Health Plans of Kentucky, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		13-3934328				EHC Benefits Agency, Inc.	NY	NIA	WellPoint Holding Corp	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	55093	23-7391136				Empire HealthChoice Assurance, Inc.	NY	IA	WellPoint Holding Corp	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	95433	13-3874803				Empire HealthChoice HMO, Inc.	NY	IA	Empire HealthChoice Assurance, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		43-1047923				Forty-Four Forty-Four Forest Park Redevelopment Corp.	MO	NIA	RightCHOICE Managed Care, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		95-2907752				Golden West Health Plan, Inc.	CA	IA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	0104
0671	Anthem, Inc.		26-4286154				Government Health Services, LLC	WI	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	97217	58-1473042				Greater Georgia Life Insurance Company	GA	IA	Blue Cross and Blue Shield of Georgia, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		51-0365660				Health Core, Inc.	DE	NIA	Arcus Enterprises, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		54-1237939				Health Management Corporation	VA	NIA	Southeast Services, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		36-3897701				Health Ventures Partner, L.L.C.	IL	NIA	UNICARE National Services, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	95169	54-1356687				HealthKeepers, Inc.	VA	IA	Anthem Southeast, Inc.	Ownership	92.510	Anthem, Inc.	
0671	Anthem, Inc.	95169	54-1356687				HealthKeepers, Inc.	VA	IA	UNICARE National Services, Inc.	Ownership	7.490	Anthem, Inc.	
0671	Anthem, Inc.	96475	43-1616135				HealthLink HMO, Inc.	MO	IA	HealthLink, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		43-1364135				HealthLink, Inc.	IL	NIA	RightCHOICE Managed Care, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	78972	86-0257201				Healthy Alliance Life Insurance Company	MO	IA	RightCHOICE Managed Care, Inc.	Ownership	100.000	Anthem, Inc.	

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

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0671	Anthem, Inc.	95473	84-1017384				HMO Colorado, Inc.	CO	IA	Rocky Mountain Hospital and Medical Service, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	95358	37-1216698				HMO Missouri, Inc.	MO	IA	RightCHOICE Managed Care, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		75-2619605				Imaging Management Holdings, L.L.C.	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		56-2368286				Imaging Providers of Texas -non-profit)	TX	NIA	American Imaging Management, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	95527	02-0494919				Matthew Thornton Health Plan, Inc.	NH	IA	Anthem Health Plans of New Hampshire, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		39-2013971				Meridian Resource Company, LLC	WI	NIA	Compcare Health Services Insurance Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		35-1840597				National Government Services, Inc.	IN	NIA	Anthem Insurance Companies, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		46-1595582				National Telehealth Network, LLC	DE	NIA	Sellcore, Inc.	Ownership	50.000	Anthem, Inc.	0105
0671	Anthem, Inc.	85286	75-1461960				OneNation Insurance Company	IN	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		95-4249368				Park Square Holdings, Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		95-4386221				Park Square I, Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		95-4249345				Park Square II, Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		65-0569629				PHP Holdings, Inc.	FL	NIA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		43-1595640				R & P Realty, Inc.	MO	NIA	RightCHOICE Managed Care, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		56-2396739				Resolution Health, Inc.	DE	NIA	Anthem Southeast, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		47-0851593				RightCHOICE Managed Care, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	11011	84-0747736				Rocky Mountain Hospital and Medical Service, Inc.	CO	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		20-0473316				SellCore, Inc.	DE	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		55-0712302				Southeast Services, Inc.	VA	NIA	Anthem Southeast, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		45-4071004				State Sponsored Business UM Services, Inc.	IN	NIA	UNICARE Specialty Services, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		35-1835818				The Anthem Companies, Inc.	IN	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		45-5443372				The Anthem Companies of California, Inc.	CA	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		43-1967924				TrustSolutions, LLC	WI	NIA	Government Health Services, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	12805	20-4842073				UNICARE Health Plan of Kansas, Inc.	KS	IA	UNICARE National Services, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	11810	84-1620480				UNICARE Health Plan of West Virginia, Inc.	WV	IA	UNICARE National Services, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	95420	74-2151310				UNICARE Health Plans of Texas, Inc.	TX	IA	UNICARE Illinois Services, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		36-3899137				UNICARE Illinois Services, Inc.	IL	NIA	UNICARE National Services, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	80314	52-0913817				UNICARE Life & Health Insurance Company	IN	IA	UNICARE National Services, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		95-4635507				UNICARE National Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		77-0494551				UNICARE Specialty Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		36-4014617				UtiliMED IPA, Inc.	NY	NIA	American Imaging Management, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		20-4405193				WellPoint Acquisition, LLC	IN	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		20-2156380				WellPoint Behavioral Health, Inc.	DE	NIA	UNICARE Specialty Services, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		95-4640531				WellPoint California Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		95-4657170				WellPoint Dental Services, Inc.	DE	NIA	UNICARE Specialty Services, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		20-3620996				WellPoint Holding Corp	DE	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		45-2736438				WellPoint Information Technology Services, Inc.	CA	NIA	Blue Cross of California	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		36-4595641				WellPoint Insurance Services, Inc.	HI	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		47-2546820				WellPoint Military Care Corporation	IN	NIA	Government Health Services, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		36-3897080				WellPoint Partnership Plan, LLC	IL	NIA	Health Ventures Partner, L.L.C.	Ownership	75.000	Anthem, Inc.	
0671	Anthem, Inc.		36-3897080				WellPoint Partnership Plan, LLC	IL	NIA	UNICARE Illinois Services, Inc.	Ownership	25.000	Anthem, Inc.	
0671	Anthem, Inc.		98-0552141				WPMI -Shanghai) Enterprise Service Co. Ltd.	CHN	NIA	WPMI, LLC	Ownership	100.000	Anthem, Inc.	

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
0671	Anthem, Inc.		20-8672847				WPMI, LLC	DE	NIA	ATH Holding Company, LLC	Ownership	63.880	Anthem, Inc.	0106

Asterisk	Explanation
0100	Insurer is deemed to be an insurance affiliate in column 10, but does not have an NAIC Company 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 does not have an NAIC Company 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 does not have an NAIC Compnay 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 does not have an NAIC Company 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 does not have an NAIC Company 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

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
11069	36-4384128	American Imaging Management East, LLC					(57)				(57)	
	36-3692630	American Imaging Management, Inc.					(32,965,115)				(32,965,115)	
12354	20-2073598	AMERIGROUP Community Care of New Mexico, Inc.	(6,900,000)				(4,726,970)				(11,626,970)	
	54-1739323	AMERIGROUP Corporation					75,831,451				75,831,451	
95093	65-0318864	AMERIGROUP Florida, Inc.	(11,500,000)	35,000,000			(97,912,463)				(74,412,463)	
14078	45-2485907	AMERIGROUP Insurance Company					(38,322,979)				(38,322,979)	
14276	45-3358287	AMERIGROUP Kansas, Inc.		70,000,000			(40,007,538)				29,992,462	
14064	26-4674149	AMERIGROUP Louisiana, Inc.					(47,086,624)				(47,086,624)	
95832	51-0387398	AMERIGROUP Maryland, Inc.	(30,000,000)				(125,481,176)				(155,481,176)	
12586	20-3317697	AMERIGROUP Nevada, Inc.					(51,133,020)				(51,133,020)	
95373	22-3375292	AMERIGROUP New Jersey, Inc.	(12,900,000)				(126,270,441)				(139,170,441)	
	13-3865627	AMERIGROUP New York, LLC					(242,723,580)				(242,723,580)	
10767	13-4212818	AMERIGROUP Ohio Inc	(25,000,000)				(260,846)				(25,260,846)	
12941	20-4776597	AMERIGROUP Tennessee, Inc.		15,000,000			(126,351,038)				(111,351,038)	
95314	75-2603231	AMERIGROUP Texas, Inc.	(69,300,000)				(284,588,752)				(353,888,752)	
14073	27-3510384	AMERIGROUP Washington, Inc.		70,000,000			(48,187,741)				21,812,259	
12229	06-1696189	AMGP Georgia Managed Care Company, Inc.	(10,900,000)				(133,337,540)				(144,237,540)	
62825	95-4331852	Anthem Blue Cross Life and Health Insurance Company, Inc.	(148,600,000)				(1,046,586,041)	(7,006,001)			(1,202,192,042)	5,591,789
60217	06-1475928	Anthem Health Plans, Inc.	(117,200,000)				(326,809,281)				(444,009,281)	
95120	61-1237516	Anthem Health Plans of Kentucky, Inc.	(162,100,000)				(346,884,303)				(508,984,303)	
52618	31-1705652	Anthem Health Plans of Maine, Inc.	(43,000,000)				(103,697,336)				(146,697,336)	
53759	02-0510530	Anthem Health Plans of New Hampshire, Inc.	(15,000,000)				(47,481,323)	39,532			(62,441,791)	
71835	54-0357120	Anthem Health Plans of Virginia, Inc.	(335,000,000)				(595,833,600)	4,612,685			(926,220,915)	(1,187,401)
28207	35-0781558	Anthem Insurance Companies, Inc.	(570,000,000)	(5,000,000)			(1,108,125,855)	985,079			(1,682,140,776)	(2,934,642)
15543	47-0992859	Anthem Kentucky Managed Care Plan, Inc.		18,000,000			(8,098,434)				9,901,566	
13573	20-5876774	Anthem Life and Disability Insurance Company					(1,413,232)				(1,413,232)	
61069	35-0980405	Anthem Life Insurance Company	(48,100,000)				(37,535,543)	19,404,273			(66,231,270)	(23,519,753)
	35-2145715	Anthem, Inc.	3,234,500,000	(308,500,000)			5,509,313,931				8,435,313,931	
	11-3713086	ATH Holding Company, LLC					10,960,079				10,960,079	
54801	58-0469845	Blue Cross and Blue Shield of Georgia, Inc.		95,000,000			(414,865,223)				(319,865,223)	
96962	58-1638390	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	(25,200,000)				(326,803,963)				(352,003,963)	
54003	39-0138065	Blue Cross Blue Shield of Wisconsin	(86,716,552)	16,716,552			(122,943,372)	(90,061)			(193,033,433)	
	95-3760980	Blue Cross of California	(150,000,000)	(100,000,000)			(1,178,605,644)	265,269			(1,428,340,375)	
	20-2994048	Blue Cross of California Partnership Plan, Inc.					(203,844,260)				(203,844,260)	
	95-4694706	Caremore Health Plan	(40,000,000)				(120,547,913)				(160,547,913)	
13562	38-3975280	Caremore Health Plan of Arizona, Inc.					(52,977,527)				(52,977,527)	
13753	27-1848815	CareMore Health Plan of Colorado, Inc.					(13,740)				(13,740)	

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
13605	26-4001602	Caremore Health Plan of Nevada		5,000,000			(15,511,443)				(10,511,443)	
	20-2076421	CareMore Health System					23,656,158				23,656,158	
10345	31-1440175	Community Insurance Company	(250,000,000)				(874,137,775)				(1,124,137,775)	
95693	39-1462554	Compcare Health Services Insurance Corporation	(8,283,448)	(16,716,552)			(87,061,403)				(112,061,403)	
	01-0822645	DeCare Dental, LLC					(39,644,429)				(39,644,429)	
55093	23-7391136	Empire HealthChoice Assurance, Inc.	(555,000,000)				(564,042,093)				(1,119,042,093)	
95433	13-3874803	Empire HealthChoice HMO, Inc.	(165,000,000)				(162,137,659)				(327,137,659)	
	95-2907752	Golden West Health Plan, Inc.					(694,447)				(694,447)	
97217	58-1473042	Greater Georgia Life Insurance Company					(5,280,019)				(5,280,019)	
	51-0365660	Health Core, Inc.					(22,690,893)				(22,690,893)	
95169	54-1356687	HealthKeepers, Inc.	(25,000,000)				(267,589,751)	(4,612,685)			(297,202,436)	1,187,401
96475	43-1616135	HealthLink HMO, Inc.	(12,000,000)				7,412,537	(4,798)			(4,592,261)	
	43-1364135	HealthLink, Inc.					(63,716,858)				(63,716,858)	
78972	86-0257201	Healthy Alliance Life Insurance Company	(100,000,000)				(293,572,691)				(393,572,691)	
95473	84-1017384	HMO Colorado, Inc.	(7,584,931)	(815,069)			(39,046,518)				(47,446,518)	
95358	37-1216698	HMO Missouri, Inc.	(20,000,000)				(16,071,285)				(36,071,285)	
	98-0408753	HTH Re, LTD						7,006,001			7,006,001	(5,591,789)
95527	02-0494919	Matthew Thornton Health Plan, Inc.	(25,000,000)				(95,464,883)				(120,464,883)	
	35-1840597	National Government Services, Inc.		5,000,000			(19,972,264)				(14,972,264)	
85286	75-1461960	OneNation Insurance Company					(81,761)	106,489			24,728	218,560
83640	36-3506910	RightCHOICE Insurance Company		500,000			(41,851)				458,149	
	47-0851593	RightCHOICE Managed Care, Inc.					(19,447,446)				(19,447,446)	
11011	84-0747736	Rocky Mountain Hospital and Medical Service, Inc.	(55,215,069)	815,069			(262,964,956)	(1,078,645)			(318,443,601)	
	35-1835818	The Anthem Companies, Inc.					4,362,969,140				4,362,969,140	
	45-5443372	The Anthem Companies of California, Inc.					173,944,762				173,944,762	
70700	36-3304416	UNICARE Health Insurance Company of the Midwest					(369,181)				(369,181)	
12805	20-4842073	UNICARE Health Plan of Kansas, Inc.					652,394				652,394	
11810	84-1620480	UNICARE Health Plan of West Virginia, Inc.	(4,000,000)				(38,926,296)				(42,926,296)	
95420	74-2151310	UNICARE Health Plans of Texas, Inc.					238,470				238,470	
95505	36-3897076	UNICARE Health Plans of the Midwest, Inc.					7,442				7,442	
80314	52-0913817	UNICARE Life & Health Insurance Company	(100,000,000)				(57,129,445)	(19,627,138)			(176,756,583)	26,235,835
	20-3620996	WellPoint Holding Corp					16,858,680				16,858,680	
	45-2736438	WellPoint Information Technology Services		100,000,000			225,930,818				325,930,818	
	36-3897080	WellPoint Partnership Plan, LLC					(19,758,045)				(19,758,045)	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

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.
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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]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

22. Life Supplement [Document Identifier 211]

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

SUPPLEMENT FOR THE YEAR 2014 OF THE Community Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2014
(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 Serge Hrkalovic
Title Actuary Analyst Telephone Number 502-889-2167

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012; 2013; 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	PD003	P	NO	0200560	10/29/1991			01/01/1992	Medicomp 2	4,977,034	3,305,968	66.4	1,155			0.0	
YES	PD009	P	NO	0204060	07/18/1990			01/01/1992	Mediplus Standard	55,207	62,855	113.9	16			0.0	
YES	PD010	P	NO	0200560	10/29/1991			01/01/1992	Medicomp 1	57,628	22,670	39.3	34			0.0	
YES	PD011	A	NO	0204060	03/10/1992			06/01/2010	Medicomp A	204,620	204,687	100.0	30			0.0	
YES	PD014	D	NO	0204000	03/10/1992			06/01/2010	Medicomp D	622,292	380,333	61.1	131			0.0	
YES	PD021	P	NO	0200560	01/21/1992			01/01/1992	Medicomp 3	328,487	311,973	95.0	42			0.0	
YES	PD027	A	NO	0034000	08/31/1994			06/01/2010	Insurance for One, Medicare Supplement Plan A - Attained Age	110,399	94,584	85.7	59			0.0	
YES	PD028	C	NO	0034000	08/31/1994			06/01/2010	Insurance for One, Medicare Supplement Plan C - Attained Age	12,192,754	8,446,849	69.3	3,992			0.0	
YES	PD029	F	NO	0034000	08/31/1994			06/01/2010	Insurance for One, Medicare Supplement Plan F - Attained Age	7,891,730	4,833,307	61.2	2,616			0.0	
YES	PD030	I	NO	0034000	08/31/1994			01/01/2006	Insurance for One, Medicare Supplement Plan I - Attained Age	555,953	292,173	52.6	152			0.0	
YES	PD031	B	NO	0034000	10/11/1994			06/01/2010	Insurance for One, Medicare Supplement Plan B - Attained Age	213,646	118,289	55.4	75			0.0	
YES	PD032	D	NO	0034000	10/11/1994			06/01/2010	Insurance for One, Medicare Supplement Plan D - Attained Age	287,233	156,408	54.5	95			0.0	
YES	PD033	E	NO	0034000	10/11/1994			06/01/2010	Insurance for One, Medicare Supplement Plan E - Attained Age	42,419	28,947	68.2	13			0.0	
YES	PD034	G	NO	0034000	10/11/1994			06/01/2010	Insurance for One, Medicare Supplement Plan G - Attained Age	427,744	211,277	49.4	144			0.0	
YES	PD035	H	NO	0034000	10/11/1994			01/01/2006	Insurance for One, Medicare Supplement Plan H - Attained Age	171,799	155,601	90.6	54			0.0	
YES	CG008	P	NO	0200560	10/29/1991			01/01/1992	Health Maintenance Plan - Medicare Supplement product			0.0				0.0	
YES	WPPLANAM-09)-0	A	NO	0034060	06/01/2010				Modernized MedSupp Plan A	61,277	132,206	215.8	1	277,291	479,211	172.8	96
YES	WPPLANFM-09)-0	F	NO	0034000	06/01/2010				Modernized MedSupp Plan F	6,813,408	6,357,176	93.3	18	27,062,975	17,609,829	65.1	15,371
YES	WPPLANGM-09)-0	G	NO	0034000	06/01/2010				Modernized MedSupp Plan G	609,790	749,720	122.9	1	990,855	752,969	76.0	598
YES	WPPLANHiFM-09)-0	F	NO	0034000	06/01/2010				Modernized MedSupp Plan High F	31,603	2,420	7.7	764	1,200,834	519,431	43.3	601

SUPPLEMENT FOR THE YEAR 2014 OF THE Community Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2014
(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 Serge Hrkalovic
Title Actuary Analyst Telephone Number 502-889-2167

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012; 2013; 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	WPPLANNM-09)-O	N	NO	0034000	06/01/2010				Modernized MedSupp Plan N	1,618,306	1,592,504	98.4	10	4,456,987	2,724,970	61.1	3,457
YES	WPPLANFSelectM-11)-O	F	YES	0034000	01/01/2012				Modernized Select MedSupp Plan F			0.0		2,305,518	1,634,821	70.9	1,231
YES	WPPLANHiFSelectM-11)-O	F	YES	0034000	01/01/2012				Modernized Select MedSupp Plan High F			0.0		109,069	66,646	61.1	133
YES	WPPLANGSelectM-11)-O	G	YES	0034000	01/01/2012				Modernized Select MedSupp Plan G			0.0		143,039	98,828	69.1	67
YES	WPPLANNSelectM-11)-O	N	YES	0034000	01/01/2012				Modernized Select MedSupp Plan N			0.0		781,243	540,629	69.2	621
0199999. Total Experience on Individual Policies										37,273,329	27,459,947	73.7	9,402	37,327,811	24,427,334	65.4	22,175
YES	PD023	A	NO	0030500	06/14/1994				Insurance for One, Medicare Supplement Plan A			0.0				0.0	
YES	PD024	C	NO	0030500	06/14/1994				Insurance for One, Medicare Supplement Plan C	86,489	67,934	78.5	26			0.0	
YES	PD025	F	NO	0030500	06/14/1994				Insurance for One, Medicare Supplement Plan F	41,496	36,114	87.0	13			0.0	
YES	PD026	I	NO	0030500	06/14/1994				Insurance for One, Medicare Supplement Plan I			0.0				0.0	
YES	PD037	C	YES	0234000	07/26/1995				Insurance for One, Medicare Select Plan C	8,844,365	6,587,103	74.5	3,609			0.0	
YES	PD038	F	YES	0234000	07/26/1995				Insurance for One, Medicare Select Plan F	2,195,397	1,782,705	81.2	1,080			0.0	
YES	TA010	A	NO	0234000	09/09/1993				Insurance for One, Medicare Supplement Plan A	204,674	160,994	78.7	171			0.0	
YES	TA011	C	NO	0234000	09/09/1993				Insurance for One, Medicare Supplement Plan C	18,830,739	15,288,833	81.2	7,231			0.0	
YES	TA012	F	NO	0234000	09/09/1993				Insurance for One, Medicare Supplement Plan F	15,423,257	12,658,113	82.1	6,875			0.0	
YES	TA013	I	NO	0234000	09/09/1993				Insurance for One, Medicare Supplement Plan I	993,655	871,860	87.7	472			0.0	
0299999. Total Experience on Group Policies										46,620,072	37,453,656	80.3	19,477	0	0	0.0	0

SUPPLEMENT FOR THE YEAR 2014 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: 4241 Irwin Simpson Road
   c/o Andrew Graham Mason , OH 45040
   2.2 Contact Person and Phone Number: Anita L. Crawford 502-475-8834
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 4241 Irwin Simpsoon Road
   c/o Andrew Graham Mason , OH 45040
   3.2 Contact Person and Phone Number: Anita L. Crawford 502-475-8834
4. Explain any policies identified above as policy type "O".

ALPHABETICAL INDEX

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ANNUAL STATEMENT BLANK (Continued)