



## HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2015  
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 <input type="checkbox"/> No <input checked="" type="checkbox"/> 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)			N17 W24340 Riverwood Drive (Street and Number)		
				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@anthem.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**

**DIRECTORS OR TRUSTEES**

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

State of Ohio SS: \_\_\_\_\_  
County of Warren

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

Erin Patricia Hoeflinger  
President/Chairperson

Kathleen Susan Kiefer  
Vice President/Secretary

Robert David Kretschmer  
Vice President/Treasurer

Subscribed and sworn to before me this  
7<sup>th</sup> day of FEBRUARY, 2016

a. Is this an original filing? ..... Yes [  ] No [  ]  
b. If no,  
1. State the amendment number .....  
2. Date filed .....  
3. Number of pages attached .....



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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Community Insurance Company

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

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Community Insurance Company

**EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Express Scripts, Inc.	11,676,275	8,090,235	9,538,764	36,693,831	36,693,831	29,305,274
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed						
0199999. Total Pharmaceutical Rebate Receivables	11,676,275	8,090,235	9,538,764	36,693,831	36,693,831	29,305,274
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	4,289,990	1,608,514	133,881	2,000,424	8,032,809	0
0299999. Total Claim Overpayment Receivables	4,289,990	1,608,514	133,881	2,000,424	8,032,809	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	4,524,981	(5,848)	1,281	213,609	4,734,023	0
0699999. Total Other Receivables	4,524,981	(5,848)	1,281	213,609	4,734,023	0
0799999 Gross health care receivables	20,491,246	9,692,901	9,673,926	38,907,864	49,460,663	29,305,274

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Community Insurance Company

**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 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	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		
1. Pharmaceutical rebate receivables .....	46,000,662	44,941,288	596,594	65,402,511	46,597,256	45,673,074
2. Claim overpayment receivables .....	9,505,475	34,696,497	832,515	7,200,295	10,337,990	6,276,638
3. Loans and advances to providers .....					0	0
4. Capitation arrangement receivables .....	144,398				144,398	0
5. Risk sharing receivables .....					0	0
6. Other health care receivables .....	5,530,199	23,381,778	129,011	4,605,012	5,659,210	6,403,851
7. Totals (Lines 1 through 6)	61,180,734	103,019,563	1,558,120	77,207,818	62,738,854	58,353,563

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

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Community Insurance Company

**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	10,185,770	798,340	17,359	8,189	0	11,009,658
0399999. Aggregate accounts not individually listed-covered	193,911,543	12,027,856	485,441	349,913	9,187,829	215,962,582
0499999. Subtotals	204,097,313	12,826,196	502,800	358,102	9,187,829	226,972,240
0599999. Unreported claims and other claim reserves						288,564,313
0699999. Total amounts withheld						
0799999. Total claims unpaid						515,536,553
0899999 Accrued medical incentive pool and bonus amounts						11,308,578

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Community Insurance Company

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

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Blue Cross of California .....	28,869,562					28,869,562	
Anthem Health Plans of Kentucky, Inc. .....	18,508,598					18,508,598	
Anthem Insurance Companies, Inc. .....	74,906,276					74,906,276	
0199999. Individually listed receivables	122,284,436	0	0	0	0	122,284,436	0
0299999. Receivables not individually listed	36,016,097					36,016,097	
0399999 Total gross amounts receivable	158,300,533	0	0	0	0	158,300,533	0

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Community Insurance Company

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

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Anthem Blue Cross Life and Health Insurance Company .....	Claims paid by affiliate .....	35,828,996	35,828,996	
Blue Cross and Blue Shield of Georgia, Inc. .....	Claims paid by affiliate .....	31,253,533	31,253,533	
Anthem, Inc. .....	Expenses paid by affiliate .....	35,359,325	35,359,325	
0199999. Individually listed payables		102,441,854	102,441,854	0
0299999. Payables not individually listed		78,849,123	78,849,123	
0399999 Total gross payables		181,290,977	181,290,977	0

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Community Insurance Company

**EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	0	0.0			0.0	
2. Intermediaries .....	0	0.0			0.0	
3. All other providers .....	6,181,021	0.1	449,729	24.3		6,181,021
4. Total capitation payments .....	6,181,021	0.1	449,729	24.3	0	6,181,021
Other Payments:						
5. Fee-for-service .....	1,682,699,573	38.5	XXX	XXX		1,682,699,573
6. Contractual fee payments .....	2,508,510,976	57.4	XXX	XXX		2,508,510,976
7. Bonus/withhold arrangements - fee-for-service .....	1,660,824	0.0	XXX	XXX		1,660,824
8. Bonus/withhold arrangements - contractual fee payments .....	20,458,189	0.5	XXX	XXX		20,458,189
9. Non-contingent salaries .....	0	0.0	XXX	XXX		
10. Aggregate cost arrangements .....	0	0.0	XXX	XXX		
11. All other payments .....	147,196,073	3.4	XXX	XXX		147,196,073
12. Total other payments .....	4,360,525,635	99.9	XXX	XXX	0	4,360,525,635
13. TOTAL (Line 4 plus Line 12)	4,366,706,656	100%	XXX	XXX	0	4,366,706,656

**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
99999999 Totals				XXX	XXX

**NONE**

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Community Insurance Company

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

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment .....	53,770,137		53,354,459	415,678	415,678	
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment	4,342,020		1,151,857	3,190,163	3,190,163	
6. Total	58,112,157	0	54,506,316	3,605,841	3,605,841	0



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Community Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Community Insurance Company

2. Mason, OH

(LOCATION)

NAIC Group Code	0671	BUSINESS IN THE STATE OF	Indiana	DURING THE YEAR					NAIC Company Code	10345	
				1	2	3	4	5			
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>Total Members at end of:</b>											
1. Prior Year .....		0									
2. First Quarter .....		0									
3. Second Quarter .....		0									
4. Third Quarter .....		0									
5. Current Year .....		0									
6. Current Year Member Months .....		0									
<b>Total Member Ambulatory Encounters for Year:</b>											
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) .....		118,878							118,878		
13. Life Premiums Direct .....		0									
14. Property/Casualty Premiums Written .....		0									
15. Health Premiums Earned .....		117,021							117,021		
16. Property/Casualty Premiums Earned .....		0									
17. Amount Paid for Provision of Health Care Services.....		29,540							29,540		
18. Amount Incurred for Provision of Health Care Services.....		29,432							29,432		

(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 \$ .....

118,878



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Community Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Community Insurance Company

2. Mason, OH

(LOCATION)

NAIC Group Code	0671	BUSINESS IN THE STATE OF	Ohio		DURING THE YEAR				NAIC Company Code	10345	
			1	Comprehensive (Hospital & Medical)	4	5	6	7			
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>Total Members at end of:</b>											
1. Prior Year		1,974,741	94,982	501,838	51,054	263,421	142,626	155,882	134,713		630,225
2. First Quarter		2,067,982	82,766	479,469	51,534	369,987	151,605	156,669	142,423		633,529
3. Second Quarter		2,028,532	78,976	473,541	51,546	373,099	153,801	156,316	143,648		597,605
4. Third Quarter		1,850,520	74,732	464,195	51,494	220,197	145,751	156,070	145,139		592,942
5. Current Year		1,854,137	70,796	464,048	51,520	221,960	148,627	155,613	145,769		595,804
6. Current Year Member Months		22,435,066	941,880	5,675,315	618,438	2,654,175	1,752,669	1,875,214	1,726,316		7,191,059
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician		6,716,264	369,383	2,035,931	825,362			1,294,341	2,191,247		
8. Non-Physician		5,693,541	195,658	1,474,133	626,880	78,312	196,031	704,563	2,417,964		
9. Total		12,409,805	565,041	3,510,064	1,452,242	78,312	196,031	1,998,904	4,609,211	0	0
10. Hospital Patient Days Incurred		464,415	17,517	102,671	58,079			76,331	209,817		
11. Number of Inpatient Admissions		96,693	4,026	28,205	11,467			16,487	36,508		
12. Health Premiums Written (b)		5,272,042,902	321,129,040	2,229,843,673	121,156,478	13,418,112	44,514,170	1,030,140,734	1,336,511,345		175,329,350
13. Life Premiums Direct		0									
14. Property/Casualty Premiums Written		0									
15. Health Premiums Earned		5,255,523,685	312,470,142	2,229,105,809	122,158,152	13,392,164	44,418,209	1,030,140,734	1,328,509,125		175,329,350
16. Property/Casualty Premiums Earned		0									
17. Amount Paid for Provision of Health Care Services		4,366,677,115	260,705,625	1,800,185,550	90,173,060	9,369,697	29,279,896	938,458,960	1,091,307,384	869	147,196,074
18. Amount Incurred for Provision of Health Care Services		4,367,638,173	247,198,370	1,788,898,868	91,239,956	9,561,367	29,219,038	945,461,239	1,111,832,278	(161)	144,227,218

(a) For health business: number of persons insured under PPO managed care products 1,354,138 and number of persons insured under indemnity only products 54,372.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,336,511,345



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Community Insurance Company

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Community Insurance Company

2. Mason, OH

(LOCATION)

NAIC Group Code	0671	BUSINESS IN THE STATE OF	Grand Total		DURING THE YEAR				NAIC Company Code	10345		
			Comprehensive (Hospital & Medical)		4	5	6	7				
			2	3								
		1	Total	Individual	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid		
<b>Total Members at end of:</b>												
1. Prior Year			1,974,741	94,982	501,838	51,054	263,421	142,626	155,882	134,713		
2. First Quarter			2,067,982	82,766	479,469	51,534	369,987	151,605	156,669	142,423		
3. Second Quarter			2,028,532	78,976	473,541	51,546	373,099	153,801	156,316	143,648		
4. Third Quarter			1,850,520	74,732	464,195	51,494	220,197	145,751	156,070	145,139		
5. Current Year			1,854,137	70,796	464,048	51,520	221,960	148,627	155,613	145,769		
6. Current Year Member Months			22,435,066	941,880	5,675,315	618,438	2,654,175	1,752,669	1,875,214	1,726,316		
<b>Total Member Ambulatory Encounters for Year:</b>												
7 Physician			6,716,264	369,383	2,035,931	825,362	0	0	1,294,341	2,191,247		
8. Non-Physician			5,693,541	195,658	1,474,133	626,880	78,312	196,031	704,563	2,417,964		
9. Total			12,409,805	565,041	3,510,064	1,452,242	78,312	196,031	1,998,904	4,609,211		
10. Hospital Patient Days Incurred			464,415	17,517	102,671	58,079	0	0	76,331	209,817		
11. Number of Inpatient Admissions			96,693	4,026	28,205	11,467	0	0	16,487	36,508		
12. Health Premiums Written (b)			5,272,161,780	321,129,040	2,229,843,673	121,156,478	13,418,112	44,514,170	1,030,140,734	1,336,630,223		
13. Life Premiums Direct			0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written			0	0	0	0	0	0	0	0		
15. Health Premiums Earned			5,255,640,706	312,470,142	2,229,105,809	122,158,152	13,392,164	44,418,209	1,030,140,734	1,328,626,146		
16. Property/Casualty Premiums Earned			0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services			4,366,706,655	260,705,625	1,800,185,550	90,173,060	9,369,697	29,279,896	938,458,960	1,091,336,924		
18. Amount Incurred for Provision of Health Care Services			4,367,667,605	247,198,370	1,788,898,868	91,239,956	9,561,367	29,219,038	945,461,239	1,111,861,710		
										(161) 144,227,218		

(a) For health business: number of persons insured under PPO managed care products 1,354,138 and number of persons insured under indemnity only products 54,372.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,336,630,223

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Community Insurance Company

## **SCHEDULE S - PART 1 - SECTION 2**

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

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## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Community Insurance Company

**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	15,187,021	2,343,905
1999999. Accident and Health - U.S. Non-Affiliates					15,187,021	2,343,905
2199999. Total Accident and Health - Non-Affiliates					15,187,021	2,343,905
2299999. Total Accident and Health					15,187,021	2,343,905
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					15,187,021	2,343,905
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
99999999 Totals - Life, Annuity and Accident and Health					15,187,021	2,343,905

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Community Insurance Company

**SCHEDULE S - PART 3 - SECTION 2**

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
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-999032 ... 01/01/2014 ... U.S. Department of Health and Human Services	DC		OTH/I	CMM			939,494						
0899999. General Account - Authorized U.S. Non-Affiliates							939,494	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							939,494	0	0	0	0	0	0
1199999. Total General Account Authorized							939,494	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							939,494	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)							939,494	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							939,494	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**

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Community Insurance Company

**SCHEDULE S - PART 6**

Five Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	1 2015	2 2014	3 2013	4 2012	5 2011
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	939	1,400	0	0	14
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 .....	20,160	26,721			
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....	2,344	3,702	0	0	0
8. Reinsurance recoverable on paid losses .....	15,187	23,019	0	0	0
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
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust .....					XXX
18. Funds deposited by and withheld from (F) .....					XXX
19. Letters of credit (L) .....					XXX
20. Trust agreements (T) .....					XXX
21. Other (O) .....					XXX

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Community Insurance Company  
**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	1,450,012,967		1,450,012,967
2. Accident and health premiums due and unpaid (Line 15) .....	182,675,194		182,675,194
3. Amounts recoverable from reinsurers (Line 16.1) .....	15,187,021	-(15,187,021)	0
4. Net credit for ceded reinsurance .....	XXX	17,530,926	17,530,926
5. All other admitted assets (Balance) .....	443,512,914		443,512,914
6. Total assets (Line 28)	2,091,388,096	2,343,905	2,093,732,001
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	513,192,647	2,343,905	515,536,552
8. Accrued medical incentive pool and bonus payments (Line 2) .....	11,308,578		11,308,578
9. Premiums received in advance (Line 8) .....	54,712,251		54,712,251
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) .....	758,035,302		758,035,302
15. Total liabilities (Line 24) .....	1,337,248,778	2,343,905	1,339,592,683
16. Total capital and surplus (Line 33) .....	754,139,318	XXX	754,139,318
17. Total liabilities, capital and surplus (Line 34)	2,091,388,096	2,343,905	2,093,732,001
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....		2,343,905	
19. Accrued medical incentive pool .....		0	
20. Premiums received in advance .....		0	
21. Reinsurance recoverable on paid losses .....		15,187,021	
22. Other ceded reinsurance recoverables .....		0	
23. Total ceded reinsurance recoverables .....		17,530,926	
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		17,530,926	

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

Allocated by States and Territories

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

NONE

## ANNUAL STATEMENT FOR THE YEAR 2015 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	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0671	Anthem, Inc.		36-3692630				American Imaging Management, Inc.	IL	N/A	Imaging Management Holdings, L.L.C.	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	N/A	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.	15807	47-3863197				AMERIGROUP Iowa, Inc.	IA	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.	10767	13-4212818				AMERIGROUP Ohio, Inc.	OH	IA	AMERIGROUP Corporation	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.		80-0771594				Amerigroup Services, Inc.	VA	N/A	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.	
							Anthem Blue Cross Life and Health Insurance Company	CA	IA	WellPoint California Services, Inc.	Ownership	.100.000	Anthem, Inc.	
							Anthem Financial, Inc.	DE	N/A	Associated Group, Inc.	Ownership	.100.000	Anthem, Inc.	
							Anthem Health Insurance Company of Nevada	NV	N/A	HMO Colorado, Inc.	Ownership	.100.000	Anthem, Inc.	
							Anthem Health Plans of Kentucky, Inc.	KY	IA	ATH Holding Company, LLC	Ownership	.100.000	Anthem, Inc.	
							Anthem Health Plans of Maine, Inc.	ME	IA	ATH Holding Company, LLC	Ownership	.100.000	Anthem, Inc.	
							Anthem Health Plans of New Hampshire, Inc.							
								NH	IA	ATH Holding Company, LLC	Ownership	.100.000	Anthem, Inc.	
							Anthem Health Plans of Virginia, Inc.	VA	IA	Anthem Southeast, Inc.	Ownership	.100.000	Anthem, Inc.	
							Anthem Health Plans, Inc.	CT	IA	ATH Holding Company, LLC	Ownership	.100.000	Anthem, Inc.	
							Anthem Holding Corp.	IN	N/A	Anthem, Inc.	Ownership	.100.000	Anthem, Inc.	
							New York Stock Exchange (NYSE)							
							Anthem, Inc.	IN	UIP	WellPoint Acquisition, LLC	Ownership	.100.000	Anthem, Inc.	
							Anthem Insurance Companies, Inc.	IN	IA	Rocky Mountain Hospital and Medical Service, Inc.	Ownership	.100.000	Anthem, Inc.	
							Anthem Kentucky Managed Care Plan, Inc.	KY	IA	ATH Holding Company, LLC	Ownership	.100.000	Anthem, Inc.	
							Anthem Life & Disability Insurance Company							
								NY	IA	WellPoint Acquisition, LLC	Ownership	.100.000	Anthem, Inc.	
										Rocky Mountain Hospital and Medical Service, Inc.	Ownership	.100.000	Anthem, Inc.	
							Anthem Life Insurance Company	IN	IA	HealthLink, Inc.	Ownership	.100.000	Anthem, Inc.	
							Anthem Merger Sub Corp.	DE	N/A	Anthem, Inc.	Ownership	.100.000	Anthem, Inc.	
							Anthem Southeast, Inc.	IN	N/A	Anthem, Inc.	Ownership	.100.000	Anthem, Inc.	
							Anthem UM Services, Inc.	IN	N/A	UNICARE Specialty Services, Inc.	Ownership	.100.000	Anthem, Inc.	
										Anthem Blue Cross Life and Health Insurance Company	Ownership	.100.000	Anthem, Inc.	
							Anthem Workers' Compensation, LLC	IN	N/A	Insurance Company	Ownership	.75.000	Anthem, Inc.	
							Anthem Workers' Compensation, LLC	IN	N/A	HealthLink, Inc.	Ownership	.25.000	Anthem, Inc.	
							Arcus Enterprises, Inc.	DE	N/A	Anthem Holding Corp.	Ownership	.100.000	Anthem, Inc.	
							ARCUS HealthLiving Services, Inc.	IN	N/A	Arcus Enterprises, Inc.	Ownership	.100.000	Anthem, Inc.	
							Associated Group, Inc.	IN	N/A	Anthem Insurance Companies, Inc.	Ownership	.100.000	Anthem, Inc.	
							ATH Holding Company, LLC	IN	UDP	Anthem, Inc.	Ownership	.100.000	Anthem, Inc.	
							Better Health, Inc.	FL	IA	Simply Healthcare Holdings, Inc.	Ownership	.100.000	Anthem, Inc.	
							Blue Cross and Blue Shield of Georgia, Inc.	GA	IA	Cerulean Companies, Inc.	Ownership	.100.000	Anthem, Inc.	

## ANNUAL STATEMENT FOR THE YEAR 2015 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	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0671	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.		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	CMC Holding Company, LLC	Ownership	.2.000	Anthem, Inc.	
0671	Anthem, Inc.		46-0613946			CareMore Services Company, LLC		IN	NIA	The Anthem Companies, Inc.	Ownership	.100.000	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.			41-190556		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.		JRL	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		JRL	NIA	DeCare Dental, LLC	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.					DeCare Systems Ireland, Limited		JRL	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.					Forty-Four Forty-Four Forest Park								
0671	Anthem, Inc.			43-1047923		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.					Greater Georgia Life Insurance Company		GA	IA	Blue Cross and Blue Shield of Georgia, Inc.	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.			97217	58-1473042	Health Core, Inc.		DE	NIA	Arcus Enterprises, Inc.	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.					Health Management Corporation		VA	NIA	Southeast Services, Inc.	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.					Health Ventures Partner, L.L.C.		IL	NIA	UNICARE National Services, Inc.	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.					HealthKeepers, Inc.		VA	IA	Anthem Southeast, Inc.	Ownership	.92.510	Anthem, Inc.	
0671	Anthem, Inc.					HealthKeepers, Inc.		VA	IA	UNICARE National Services, Inc.	Ownership	.7.490	Anthem, Inc.	
0671	Anthem, Inc.					HealthLink HMO, Inc.		MO	IA	HealthLink, Inc.	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.					HealthLink, Inc.		IL	NIA	RightCHOICE Managed Care, Inc.	Ownership	.100.000	Anthem, Inc.	
0671	Anthem, Inc.					HealthPlus HP, LLC		NY	IA	AMERIGROUP Corporation	Ownership	.100.000	Anthem, Inc.	.0100

## ANNUAL STATEMENT FOR THE YEAR 2015 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	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0671	Anthem, Inc.	78972	86-0257201				Healthy Alliance Life Insurance Company	MO	IA	RightCHOICE Managed Care, Inc.	Ownership	100.000	Anthem, Inc.	
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.		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.		27-0757414				Simply Healthcare Holdings, Inc.	FL	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		13726	27-0945036			Simply Healthcare Plans, Inc.	FL	IA	Simply Healthcare Holdings, 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.		02-0581429				Tidgewell Associates, Inc.	MD	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.		11810	84-1620480			UNICARE Health Plan of West Virginia, Inc.	WV	IA	UNICARE National Services, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		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.	

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Community Insurance Company

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 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 Domi- niliary Loca- tion	10 Relation- ship to Reportin g Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner- ship Provide Percen- tage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
..0671	Anthem, Inc. ....		98-0552141 ..				WPMI (Shanghai) Enterprise Service Co. Ltd. ....	CHN ..	NIA ..	WPMI, LLC ..	Ownership.....	.100.000 ..	Anthem, Inc. ....	
..0671	Anthem, Inc. ....		20-8672847 ..				WPMI, LLC ..	DE ..	NIA ..	ATH Holding Company, LLC ..	Ownership.....	.69.910 ..	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 Company 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 unaffiliated investors .....
0106 .....	30.09% owned by unaffiliated investors .....

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Community Insurance Company

**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	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
36-3692630		American Imaging Management, Inc.					(38,492,417)				(38,492,417)	
12354	20-2073598	AMERIGROUP Community Care of New Mexico, Inc.					(794,276)				(794,276)	
	54-1739323	AMERIGROUP Corporation	77,700,000				86,724,878				164,424,878	
.95093	65-0318864	AMERIGROUP Florida, Inc.					(125,581,745)				(125,581,745)	
.14078	45-2485907	AMERIGROUP Insurance Company					(54,328,274)				(54,328,274)	
.15807	47-3863197	AMERIGROUP Iowa, Inc.		71,000,000			(8,729,674)				62,270,326	
.14276	45-3358287	AMERIGROUP Kansas, Inc.					(80,060,605)				(80,060,605)	
.14064	26-4674149	AMERIGROUP Louisiana, Inc.		15,000,000			(53,542,973)				(38,542,973)	
.95832	51-0387398	AMERIGROUP Maryland, Inc.	(20,000,000)				(110,007,756)				(130,007,756)	
.12586	20-3317697	AMERIGROUP Nevada, Inc.		10,000,000			(65,358,532)				(55,358,532)	
.95373	22-3375292	AMERIGROUP New Jersey, Inc.	(77,700,000)				(144,874,688)				(222,574,688)	
.10767	13-4212818	AMERIGROUP Ohio Inc					160,755				160,755	
.12941	20-4776597	AMERIGROUP Tennessee, Inc.					(203,108,064)				(203,108,064)	
.95314	75-2603231	AMERIGROUP Texas, Inc.					(389,975,890)				(389,975,890)	
.14073	27-3510384	AMERIGROUP Washington, Inc.					(56,114,711)				(56,114,711)	
.12229	06-1696189	AMGP Georgia Managed Care Company, Inc.	(13,600,000)				(158,935,552)				(172,535,552)	
.62825	95-4331852	Anthem Blue Cross Life and Health Insurance Company, Inc.		(305,600,000)			(1,021,188,675)	(5,154,126)			(1,331,942,801)	6,377,529
.60217	06-1475928	Anthem Health Plans, Inc.	(106,900,000)				(315,728,591)				(422,628,591)	
.95120	61-1237516	Anthem Health Plans of Kentucky, Inc.	(125,000,000)				(389,032,778)				(514,032,778)	
.52618	31-1705652	Anthem Health Plans of Maine, Inc.	(19,100,000)				(113,334,069)				(132,434,069)	
.53759	02-0510530	Anthem Health Plans of New Hampshire, Inc.	(15,000,000)				(54,088,119)	1,268			(69,086,851)	
.71835	54-0357120	Anthem Health Plans of Virginia, Inc.	(234,900,000)				(589,253,725)	4,372,035			(819,781,690)	(2,278,504)
.11-3713086		ATH Holding Company, LLC (G0120)					60,818,767				60,818,767	
.28207	35-0781558	Anthem Insurance Companies, Inc.	(389,000,000)		15,000,000		(1,282,029,451)	1,736,083			(1,669,293,368)	(34,270,356)
.15543	47-0992859	Anthem Kentucky Managed Care Plan, Inc.					(63,745,125)				(48,745,125)	
.13573	20-5876774	Anthem Life and Disability Insurance Company					(1,317,592)				(1,317,592)	
.61069	35-0980405	Anthem Life Insurance Company	(34,300,000)				(42,435,918)	14,187,151			(62,548,767)	6,865,000
.35-2145715		Anthem, Inc.	2,672,300,000	(133,507,076)			6,193,479,084				8,732,272,008	
.15480	20-4889378	Better Health, Inc.					(26,429,994)				(26,429,994)	
.54801	58-0469845	Blue Cross and Blue Shield of Georgia, Inc.	(55,000,000)	(5,000,000)			(385,122,411)				(445,122,411)	
.96962	58-1638390	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	(40,000,000)				(370,179,369)				(410,179,369)	
.54003	39-0138065	Blue Cross Blue Shield of Wisconsin	(79,300,000)				(133,307,003)	65			(212,606,938)	
.95-3760980		Blue Cross of California	(300,000,000)	(50,000,000)			(1,309,509,777)	281,493			(1,659,228,284)	
.20-2994048		Blue Cross of California Partnership Plan, Inc.					(321,212,908)				(321,212,908)	
.20-2076421		CareMore Health System					25,260,827				25,260,827	
.95-4694706		Caremore Health Plan	(30,000,000)				(159,410,247)				(189,410,247)	
.13562	38-3975280	Caremore Health Plan of Arizona, Inc.					(66,483,692)				(66,483,692)	

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Community Insurance Company

**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	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
13753	27-1848815	CareMore Health Plan of Colorado, Inc.					(1,865)				(1,865)	
13605	26-4001602	Caremore Health Plan of Nevada		7,000,000			(22,136,212)				(15,136,212)	
10345	31-1440175	Community Insurance Company	(276,800,000)				(933,914,831)				(1,210,714,831)	
95693	39-1462554	Compcare Health Services Insurance Corporation	(10,700,000)				(93,511,063)				(104,211,063)	
	01-0822645	DeCare Dental, LLC					(46,954,399)				(46,954,399)	
55093	23-7391136	Empire HealthChoice Assurance, Inc.	(300,000,000)				(586,829,515)				(886,829,515)	
95433	13-3874803	Empire HealthChoice HMO, Inc.					(146,998,590)				(146,998,590)	
	95-2907752	Golden West Health Plan, Inc.					(617,754)				(617,754)	
97217	58-1473042	Greater Georgia Life Insurance Company		5,000,000			(5,331,863)				(331,863)	
	51-0365660	Health Core, Inc.					(20,179,330)				(20,179,330)	
95169	54-1356687	HealthKeepers, Inc.		15,000,000			(384,825,789)	(4,372,035)			(374,197,824)	2,278,504
96475	43-1616135	HealthLink HMO, Inc.					7,712,475				7,712,475	
	43-1364135	HealthLink, Inc.					(65,916,503)				(65,916,503)	
	13-3865627	HealthPlus LLC					(335,111,835)				(335,111,835)	
78972	86-0257201	Healthy Alliance Life Insurance Company	(110,700,000)				(287,947,230)				(398,647,230)	
95473	84-1017384	HMO Colorado, Inc.					(43,392,627)				(43,392,627)	
95358	37-1216698	HMO Missouri, Inc.	(800,000)				(15,700,029)				(16,500,029)	
	98-0408753	HTH Re, LTD					5,154,126				5,154,126	(6,377,529)
95527	02-0494919	Matthew Thornton Health Plan, Inc.	(25,000,000)				(94,896,948)				(119,896,948)	
	35-1840597	National Government Services, Inc.					(20,571,487)				(20,571,487)	
85286	75-1461960	OneNation Insurance Company	(77,100,000)	507,076			(805,309)				(77,398,233)	
11011	84-0747736	Rocky Mountain Hospital and Medical Service, Inc.	(73,700,000)				(289,684,503)	(190,546)			(363,575,049)	
13726	27-0945036	Simply Healthcare Plans, Inc.					13,429,921				13,429,921	
	35-1835818	The Anthem Companies, Inc.					4,840,567,913				4,840,567,913	
	45-5443372	The Anthem Companies of California, Inc.					159,570,275				159,570,275	
	61-1459939	Anthem Holding Corp.					(14,984,321)				(14,984,321)	
12805	20-4842073	UNICARE Health Plan of Kansas, Inc.					423,129				423,129	
11810	84-1620480	UNICARE Health Plan of West Virginia, Inc.	(5,900,000)				(40,534,849)				(46,434,849)	
95420	74-2151310	UNICARE Health Plans of Texas, Inc.					536,623				536,623	
80314	52-0913817	UNICARE Life & Health Insurance Company	(23,900,000)				(76,287,576)	(16,015,514)			(116,203,090)	27,405,356
	45-2736438	WellPoint Information Technology Services		50,000,000			296,591,038				346,591,038	
	36-3897080	WellPoint Partnership Plan, Inc.					(24,426,656)				(24,426,656)	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2015 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
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Explanations:

- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.
- 21.
- 22.
- 23.

Bar Codes:

- 12. Life Supplement [Document Identifier 205]



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

- 13. Property/Casualty Supplement [Document Identifier 207]



1 0 3 4 5 2 0 1 5 2 0 7 0 0 0 0 0

- 14. SIS Stockholder Information Supplement [Document Identifier 420]



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

- 15. Participating Opinion for Exhibit 5 [Document Identifier 371]



1 0 3 4 5 2 0 1 5 3 7 1 0 0 0 0 0

- 16. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]



1 0 3 4 5 2 0 1 5 3 7 0 0 0 0 0 0

- 17. Medicare Part D Coverage Supplement [Document Identifier 365]



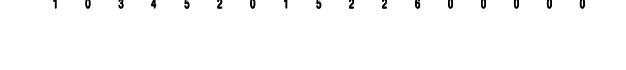
1 0 3 4 5 2 0 1 5 3 6 5 0 0 0 0 0

- 18. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]



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

- 19. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]



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

- 20. Relief from the Requirements for Audit Committees [Document Identifier 226]



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

## **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 2015 OF THE Community Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2015  
 (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 Actuarial Analyst III .....

Telephone Number 502-889-3183 .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			14	Policies Issued in 2013; 2014; 2015			
										11	Incurred Claims			15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	PD003	P.	NO.	0200560	10/29/1991			01/01/1992	Medicomp 2 .....	3,805,529	2,729,741	.71.7	880	0	0	0.0	0
YES	PD009	P.	NO.	0204060	.07/18/1990			01/01/1992	Mediplus Standard .....	45,972	50,207	.109.2	14	0	0	0.0	0
YES	PD010	P.	NO.	0200560	10/29/1991			01/01/1992	Medicomp 1 .....	50,279	21,558	.42.9	30	0	0	0.0	0
YES	PD011	A.	NO.	0204060	.03/10/1992			06/01/2010	Medicomp A .....	183,362	293,080	.159.8	23	0	0	0.0	0
YES	PD014	D.	NO.	0204000	.03/10/1992			06/01/2010	Medicomp D .....	544,257	289,493	.53.2	108	0	0	0.0	0
YES	PD021	P.	NO.	0200560	.01/21/1992			01/01/1992	Medicomp 3 .....	254,283	213,914	.84.1	33	0	0	0.0	0
									Insurance for One, Medicare Supplement Plan A - Attained Age .....	103,601	73,039	.70.5	58	0	0	0.0	0
									Insurance for One, Medicare Supplement Plan C - Attained Age .....	11,235,031	8,206,703	.73.0	3,659	0	0	0.0	0
									Insurance for One, Medicare Supplement Plan F - Attained Age .....	7,484,883	4,690,433	.62.7	2,450	0	0	0.0	0
									Insurance for One, Medicare Supplement Plan I - Attained Age .....	518,300	248,575	.48.0	142	0	0	0.0	0
									Insurance for One, Medicare Supplement Plan B - Attained Age .....	194,618	144,537	.74.3	70	0	0	0.0	0
									Insurance for One, Medicare Supplement Plan D - Attained Age .....	270,634	179,797	.66.4	89	0	0	0.0	0
									Insurance for One, Medicare Supplement Plan E - Attained Age .....	38,285	18,445	.48.2	12	0	0	0.0	0
									Insurance for One, Medicare Supplement Plan G - Attained Age .....	396,410	193,277	.48.8	132	0	0	0.0	0
									Insurance for One, Medicare Supplement Plan H - Attained Age .....	161,072	100,260	.62.2	51	0	0	0.0	0
									Health Maintenance Plan (Medicare Supplement product) .....	0	0	.0.0	0	0	0	0.0	0
YES	CG008	P.	NO.	0200560	10/29/1991			01/01/1992	Modernized MedSupp Plan A .....	0	0	.0.0	0	0	0	0.0	0
YES	WPPLANAM(09)-OH	A.	NO.	0034060	.06/01/2010				Modernized MedSupp Plan F .....	241,099	480,810	.199.4	74	.61,732	.57,825	.93.7	.25
YES	WPPLANFM(09)-OH	F.	NO.	0034000	.06/01/2010				Modernized MedSupp Plan G .....	24,045,229	16,972,323	.70.6	12,018	.14,637,724	.10,027,783	.68.5	5,478
YES	WPPLANGM(09)-OH	G.	NO.	0034000	.06/01/2010				Modernized MedSupp Plan High F .....	1,303,833	1,274,006	.97.7	535	.132,435	.115,269	.87.0	0
YES	WPPLANHiFM(09)-OH	F.	NO.	0034000	.06/01/2010				Modernized MedSupp Plan	655,233	251,978	.38.5	1,268	.512,036	.256,295	.50.1	.1



SUPPLEMENT FOR THE YEAR 2015 OF THE Community Insurance Company  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2015  
 (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 Actuarial Analyst III .....

Telephone Number 502-889-3183 .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013; 2014; 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13	Percent of Premiums Earned	Premiums Earned	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								
YES	WPPLANNM(09)-OH	N.	NO	0034000	06/01/2010				Modernized MedSupp Plan N	4,000,125	2,964,794	74.1	2,567	2,727,575	1,752,946	64.3	1,318
YES	WPPLANSelectM(11)-OH	F.	YES	0034000	01/01/2012				Modernized Select MedSupp Plan F	794,080	642,951	81.0	827	1,948,871	1,379,965	70.8	649
YES	WPPLANHIFSelectM(11)-OH	F.	YES	0034000	01/01/2012				Modernized Select MedSupp Plan High F	10,362	6,681	64.5	121	89,263	26,809	30.0	0
YES	WPPLANSelectM(11)-OH	G.	YES	0034000	01/01/2012				Modernized Select MedSupp Plan G	36,304	23,345	64.3	53	80,542	85,511	106.2	0
YES	WPPLANSelectM(11)-OH	N.	YES	0034000	01/01/2012				Modernized Select MedSupp Plan N	243,327	247,072	101.5	358	805,976	576,556	71.5	438
0199999. Total Experience on Individual Policies										56,616,108	40,317,019	71.2	25,572	20,996,154	14,278,959	68.0	7,909
YES	PD023	A.	NO	0030500	06/14/1994			06/01/2010	Insurance for One, Medicare Supplement Plan A	0	0	0.0	0	0	0	0.0	0
YES	PD024	C.	NO	0030500	06/14/1994			06/01/2010	Insurance for One, Medicare Supplement Plan C	66,866	50,678	75.8	20	0	0	0.0	0
YES	PD025	F.	NO	0030500	06/14/1994			06/01/2010	Insurance for One, Medicare Supplement Plan F	39,531	19,782	50.0	11	0	0	0.0	0
YES	PD026	I.	NO	0030500	06/14/1994			01/01/2006	Insurance for One, Medicare Supplement Plan I	0	0	0.0	0	0	0	0.0	0
YES	PD037	C.	YES	0234000	07/26/1995			06/01/2010	Insurance for One, Medicare Select Plan C	8,355,947	6,312,410	75.5	3,290	0	0	0.0	0
YES	PD038	F.	YES	0234000	07/26/1995			06/01/2010	Insurance for One, Medicare Select Plan F	2,134,158	1,788,412	83.8	999	0	0	0.0	0
YES	TA010	A.	NO	0234000	09/09/1993			06/01/2010	Insurance for One, Medicare Supplement Plan A	200,758	152,376	75.9	151	0	0	0.0	0
YES	TA011	C.	NO	0234000	09/09/1993			06/01/2010	Insurance for One, Medicare Supplement Plan C	17,412,840	14,575,711	83.7	6,628	0	0	0.0	0
YES	TA012	F.	NO	0234000	09/09/1993			06/01/2010	Insurance for One, Medicare Supplement Plan F	15,387,390	12,918,962	84.0	6,506	0	0	0.0	0
YES	TA013	I.	NO	0234000	09/09/1993			01/01/2006	Insurance for One, Medicare Supplement Plan I	948,402	825,649	87.1	434	0	0	0.0	0
0299999. Total Experience on Group Policies										44,545,892	36,643,980	82.3	18,039	0	0	0.0	0



SUPPLEMENT FOR THE YEAR 2015 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: Haley Belcher 317-287-6831 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
3.1 Address: 13550 Triton Park Blvd Louisville , KY 40223 .....
- 3.2 Contact Person and Phone Number: Susanne Durham 502-889-3456 .....
4. Explain any policies identified above as policy type "O". .....

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