



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2015
OF THE CONDITION AND AFFAIRS OF THE
Community Insurance Company

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

OFFICERS

President/Chairperson Erin Patricia Hoeflinger Vice President/Treasurer Robert David Kretschmer
Vice President/Secretary Kathleen Susan Kiefer Assistant Secretary Judy Lynne Pershern

OTHER

Eric (Rick) Kenneth Noble, Assistant Treasurer Denise Marie Mendith #, Valuation Actuary David James McNichols #, Vice President - Medicare Regional President

DIRECTORS OR TRUSTEES

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

State of Ohio SS:
County of Warren

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

Erin Patricia Hoeflinger Kathleen Susan Kiefer Robert David Kretschmer
President/Chairperson Vice President/Secretary Vice President/Treasurer

Subscribed and sworn to before me this 5th day of FEBRUARY, 2016
Kathleen J. Fahey

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



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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Express Scripts, Inc.	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

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	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.

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

21

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

22

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

24

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	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

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0671		Indiana		2015							NAIC Company Code	
		Comprehensive (Hospital & Medical)									10345	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year		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)		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

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0671		Ohio		2015							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	1,974,741	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	
Total Member Ambulatory Encounters for Year:												
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 products1,354,138 and number of persons insured under indemnity only products54,372 .

(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

NAIC Group Code		0671		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR		2015		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		1,974,741		94,982		501,838		51,054		263,421		142,626		155,882		134,713		0		630,225	
2. First Quarter		2,067,982		82,766		479,469		51,534		369,987		151,605		156,669		142,423		0		633,529	
3. Second Quarter		2,028,532		78,976		473,541		51,546		373,099		153,801		156,316		143,648		0		597,605	
4. Third Quarter		1,850,520		74,732		464,195		51,494		220,197		145,751		156,070		145,139		0		592,942	
5. Current Year		1,854,137		70,796		464,048		51,520		221,960		148,627		155,613		145,769		0		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		0		7,191,059	
Total Member Ambulatory Encounters for Year:																					
7. Physician		6,716,264		369,383		2,035,931		825,362		0		0		1,294,341		2,191,247		0		0	
8. Non-Physician		5,693,541		195,658		1,474,133		626,880		78,312		196,031		704,563		2,417,964		0		0	
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		0		0		76,331		209,817		0		0	
11. Number of Inpatient Admissions		96,693		4,026		28,205		11,467		0		0		16,487		36,508		0		0	
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		0		175,329,350	
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.....		5,255,640,706		312,470,142		2,229,105,809		122,158,152		13,392,164		44,418,209		1,030,140,734		1,328,626,146		0		175,329,350	
16. Property/Casualty Premiums Earned		0		0		0		0		0		0		0		0		0		0	
17. Amount Paid for Provision of Health Care Services.....		4,366,706,655		260,705,625		1,800,185,550		90,173,060		9,369,697		29,279,896		938,458,960		1,091,336,924		869		147,196,074	
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	

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

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

[illegible]

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-9990032	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

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	1 2015	2 2014	3 2013	4 2012	5 2011
A. OPERATIONS ITEMS					
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. BALANCE SHEET ITEMS					
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
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
18. Funds deposited by and withheld from (F)					XXX
19. Letters of credit (L)					XXX
20. Trust agreements (T)					XXX
21. Other (O)					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)	1,450,012,967		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
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
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
NET CREDIT FOR CEDED REINSURANCE			
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	2	3	4	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Totals
1.	Alabama	AL				
2.	Alaska	AK				
3.	Arizona	AZ				
4.	Arkansas	AR				
5.	California	CA				
6.	Colorado	CO				
7.	Connecticut	CT				
8.	Delaware	DE				
9.	District of Columbia	DC				
10.	Florida	FL				
11.	Georgia	GA				
12.	Hawaii	HI				
13.	Idaho	ID				
14.	Illinois	IL				
15.	Indiana	IN				
16.	Iowa	IA				
17.	Kansas	KS				
18.	Kentucky	KY				
19.	Louisiana	LA				
20.	Maine	ME				
21.	Maryland	MD				
22.	Massachusetts	MA				
23.	Michigan	MI				
24.	Minnesota	MN				
25.	Mississippi	MS				
26.	Missouri	MO				
27.	Montana	MT				
28.	Nebraska	NE				
29.	Nevada	NV				
30.	New Hampshire	NH				
31.	New Jersey	NJ				
32.	New Mexico	NM				
33.	New York	NY				
34.	North Carolina	NC				
35.	North Dakota	ND				
36.	Ohio	OH				
37.	Oklahoma	OK				
38.	Oregon	OR				
39.	Pennsylvania	PA				
40.	Rhode Island	RI				
41.	South Carolina	SC				
42.	South Dakota	SD				
43.	Tennessee	TN				
44.	Texas	TX				
45.	Utah	UT				
46.	Vermont	VT				
47.	Virginia	VA				
48.	Washington	WA				
49.	West Virginia	WV				
50.	Wisconsin	WI				
51.	Wyoming	WY				
52.	American Samoa	AS				
53.	Guam	GU				
54.	Puerto Rico	PR				
55.	U.S. Virgin Islands	VI				
56.	Northern Mariana Islands	MP				
57.	Canada	CAN				
58.	Aggregate Other Alien	OT				
59.	Total					

NONE

ANNUAL STATEMENT FOR THE YEAR 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	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
..0671	Anthem, Inc.		36-3692630				American Imaging Management, Inc.	IL	NIA	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	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.	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	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.		02-0510530				Anthem Health Plans of New Hampshire, Inc.	NH	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	
..0671	Anthem, Inc.		71835	40003317			Anthem Health Plans of Virginia, Inc.	VA	IA	Anthem Southeast, Inc.	Ownership	100.000	Anthem, Inc.	
..0671	Anthem, Inc.		60217				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.						Anthem Merger Sub Corp.	DE	NIA	Anthem, 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.	15480	20-4889378				Better Health, Inc.	FL	IA	Simply Healthcare Holdings, 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.	

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	CMMC 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.						Compcare Health Services Insurance Corporation	WI	IA	Blue Cross Blue Shield of Wisconsin	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	95693	39-1462554				Crossroads Acquisition Corp.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		20-0334650				DeCare Analytics, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		41-1905556				DeCare Dental Health International, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		02-0574609				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 Redevelopment Corp.	MO	NIA	RightCHOICE Managed Care, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		43-1047923				Golden West Health Plan, Inc.	CA	IA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	0104
0671	Anthem, Inc.		95-2907752				Government Health Services, LLC	WI	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.		26-4286154							Blue Cross and Blue Shield of Georgia, Inc.	Ownership	100.000	Anthem, Inc.	
0671	Anthem, Inc.	97217	58-1473042				Greater Georgia Life Insurance Company	GA	IA		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.		13-3865627				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.	

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	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	*
...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

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	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)				(1,282,029,451)	1,736,083			(1,669,293,368)	(34,270,356)
15543	47-0992859	Anthem Kentucky Managed Care Plan, Inc.		15,000,000			(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)	

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
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
Explanations:		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		

Bar Codes:

12.	Life Supplement [Document Identifier 205]	
13.	Property/Casualty Supplement [Document Identifier 207]	
14.	SIS Stockholder Information Supplement [Document Identifier 420]	
15.	Participating Opinion for Exhibit 5 [Document Identifier 371]	
16.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
17.	Medicare Part D Coverage Supplement [Document Identifier 365]	
18.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
19.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
20.	Relief from the Requirements for Audit Committees [Document Identifier 226]	

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Community Insurance Company

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				Policies Issued in 2013; 2014; 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	PD003	P	NO	0200560	10/29/1991			01/01/1992	Medicomp 2	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
YES	PD027	A	NO	0034000	08/31/1994			06/01/2010	Insurance for One, Medicare Supplement Plan A - Attained Age	103,601	73,039	70.5	58	0	0	0.0	0
YES	PD028	C	NO	0034000	08/31/1994			06/01/2010	Insurance for One, Medicare Supplement Plan C - Attained Age	11,235,031	8,206,703	73.0	3,659	0	0	0.0	0
YES	PD029	F	NO	0034000	08/31/1994			06/01/2010	Insurance for One, Medicare Supplement Plan F - Attained Age	7,484,883	4,690,433	62.7	2,450	0	0	0.0	0
YES	PD030	I	NO	0034000	08/31/1994			01/01/2006	Insurance for One, Medicare Supplement Plan I - Attained Age	518,300	248,575	48.0	142	0	0	0.0	0
YES	PD031	B	NO	0034000	10/11/1994			06/01/2010	Insurance for One, Medicare Supplement Plan B - Attained Age	194,618	144,537	74.3	70	0	0	0.0	0
YES	PD032	D	NO	0034000	10/11/1994			06/01/2010	Insurance for One, Medicare Supplement Plan D - Attained Age	270,634	179,797	66.4	89	0	0	0.0	0
YES	PD033	E	NO	0034000	10/11/1994			06/01/2010	Insurance for One, Medicare Supplement Plan E - Attained Age	38,285	18,445	48.2	12	0	0	0.0	0
YES	PD034	G	NO	0034000	10/11/1994			06/01/2010	Insurance for One, Medicare Supplement Plan G - Attained Age	396,410	193,277	48.8	132	0	0	0.0	0
YES	PD035	H	NO	0034000	10/11/1994			01/01/2006	Insurance for One, Medicare Supplement Plan H - Attained Age	161,072	100,260	62.2	51	0	0	0.0	0
YES	CG008	P	NO	0200560	10/29/1991			01/01/1992	Health Maintenance Plan (Medicare Supplement product)	0	0	0.0	0	0	0	0.0	0
YES	WPPLANAM(09)-OH	A	NO	0034060	06/01/2010				Modernized MedSupp Plan A	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 F	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 G	1,303,833	1,274,006	97.7	535	132,435	115,269	87.0	0
YES	WPPLANHFIM(09)-OH	F	NO	0034000	06/01/2010				Modernized MedSupp Plan High F	655,233	251,978	38.5	1,268	512,036	256,295	50.1	1

360.OH



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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	WPPLANNM(09)-OH	N	NO	.0034000	.06/01/2010				Modernized MedSupp Plan N	4,000,125	2,964,794	74.1	2,567	2,727,575	1,752,946	64.3	1,318
YES	WPPLANFSelectM(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	WPPLANGSelectM(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	WPPLANNSelectM(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".

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

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

ANNUAL STATEMENT BLANK (Continued)

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