



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2016
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		OH	
Country of Domicile	United States of America					
Licensed as business type:	Property/Casualty					
Is HMO Federally Qualified?	Yes [] No [X]					
Incorporated/Organized	07/08/1995		Commenced Business	10/01/1995		
Statutory Home Office	4361 Irwin Simpson Road (Street and Number)		Mason , OH, US 45040-9498 (City or Town, State, Country and Zip Code)			
Main Administrative Office	4361 Irwin Simpson Road (Street and Number)		Mason , OH, US 45040-9498 (City or Town, State, Country and Zip Code) 513-872-8100 (Area Code) (Telephone Number)			
Mail Address	N17 W24340 Riverwood Drive (Street and Number or P.O. Box)		Waukesha , WI, US 53188 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	N17 W24340 Riverwood Drive (Street and Number)		Waukesha , WI, US 53188 (City or Town, State, Country and Zip Code) 262-523-3683 (Area Code) (Telephone Number)			
Internet Website Address	www.anthem.com					
Statutory Statement Contact	Jill M. Waddell (Name)		262-523-3683 (Area Code) (Telephone Number)			
	Jill.Waddell@anthem.com (E-mail Address)		262-523-4945 (FAX Number)			

OFFICERS

President/Chairperson Erin Patricia Hoefflinger 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 Meridith, Valuation Actuary Kristin Kim Cherie Howard #, Assistant Secretary
DIRECTORS OR TRUSTEES
Carter Allen Beck Ronald William Penczek # Erin Patricia Hoeflinger

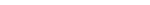
State of Ohio County of Warren SS:

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


Erin Patricia Hoefflinger
President/Chairperson



Kathleen Susan Kiefer


Robert David Kretschmer

Subscribed and sworn to before me this
2nd day of February 2017
Suecia Adams

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



SHELLIA G. ADAMS
Notary Public, State of Ohio
My Commission Expires
April 1, 2016 2021

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Community Insurance Company

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

ANNUAL STATEMENT FOR THE YEAR 2016 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.	15,777,880	8,247,618	9,924,192	37,299,823	37,299,823	33,949,690
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed						
0199999. Total Pharmaceutical Rebate Receivables	15,777,880	8,247,618	9,924,192	37,299,823	37,299,823	33,949,690
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	4,306,260	2,241,752	361,722	3,354,450	10,264,184	
0299999. Total Claim Overpayment Receivables	4,306,260	2,241,752	361,722	3,354,450	10,264,184	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	1,682					1,682
0599999. Total Risk Sharing Receivables	1,682	0	0	0	0	1,682
0699998. Aggregate Other Receivables Not Individually Listed	5,568,303	16,928	1,926	46,462	5,633,619	
0699999. Total Other Receivables	5,568,303	16,928	1,926	46,462	5,633,619	0
0799999 Gross health care receivables	25,654,125	10,506,298	10,287,840	40,700,735	53,197,626	33,951,372

ANNUAL STATEMENT FOR THE YEAR 2016 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	67,482,073	54,324,024	1,574,695	69,674,818	69,056,768	65,999,105
2. Claim overpayment receivables	9,777,627	39,191,105	1,405,108	8,859,075	11,182,735	8,032,810
3. Loans and advances to providers					0	0
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables				1,682	0	0
6. Other health care receivables	4,251,691	15,669,231	87,870	5,545,750	4,339,561	4,734,023
7. Totals (Lines 1 through 6)	81,511,391	109,184,360	3,067,673	84,081,325	84,579,064	78,765,938

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 2016 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	3,902,887	49,087	11,336	7,645	0	3,970,955
0399999. Aggregate accounts not individually listed-covered	186,711,175	2,076,874	700,140	565,563	5,182,577	195,236,329
0499999. Subtotals	190,614,062	2,125,961	711,476	573,208	5,182,577	199,207,284
0599999. Unreported claims and other claim reserves						312,250,619
0699999. Total amounts withheld						
0799999. Total claims unpaid						511,457,903
0899999 Accrued medical incentive pool and bonus amounts						25,980,377

ANNUAL STATEMENT FOR THE YEAR 2016 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
Anthem Insurance Companies, Inc.	41,417,952					41,417,952	
Anthem Health Plans of Kentucky, Inc.	13,527,512					13,527,512	
Blue Cross of California	7,313,442					7,313,442	
0199999. Individually listed receivables	62,258,906	0	0	0	0	62,258,906	0
0299999. Receivables not individually listed	5,145,300					5,145,300	
0399999 Total gross amounts receivable	67,404,206	0	0	0	0	67,404,206	0

ANNUAL STATEMENT FOR THE YEAR 2016 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
Blue Cross and Blue Shield of Georgia, Inc.	Claims paid by affiliate	48,946,587	48,946,587
Anthem Blue Cross Life and Health Insurance Company	Claims paid by affiliate	22,213,692	22,213,692
0199999. Individually listed payables		71,160,279	71,160,279	0
0299999. Payables not individually listed		89,416,163	89,416,163	
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0399999 Total gross payables		160,576,442	160,576,442	0

ANNUAL STATEMENT FOR THE YEAR 2016 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	12,649,245	0.3	215,429	11.7		12,649,245
4. Total capitation payments	12,649,245	0.3	215,429	11.7	0	12,649,245
Other Payments:						
5. Fee-for-service	1,672,806,390	37.8	XXX	XXX		1,672,806,390
6. Contractual fee payments	2,543,360,970	57.5	XXX	XXX		2,543,360,970
7. Bonus/withhold arrangements - fee-for-service	3,224,893	0.1	XXX	XXX		3,224,893
8. Bonus/withhold arrangements - contractual fee payments	35,953,396	0.8	XXX	XXX		35,953,396
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	152,598,081	3.5	XXX	XXX		152,598,081
12. Total other payments	4,407,943,730	99.7	XXX	XXX	0	4,407,943,730
13. TOTAL (Line 4 plus Line 12)	4,420,592,975	100%	XXX	XXX	0	4,420,592,975

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

ANNUAL STATEMENT FOR THE YEAR 2016 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	52,857,828		52,529,413	328,416	328,416	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	4,086,163		1,491,080	2,595,083	2,595,083	
6. Total	56,943,991	0	54,020,493	2,923,499	2,923,499	0



ANNUAL STATEMENT FOR THE YEAR 2016 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
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)		(41,660)							(41,660)		
13. Life Premiums Direct		0									
14. Property/Casualty Premiums Written		0									
15. Health Premiums Earned		(41,660)							(41,660)		
16. Property/Casualty Premiums Earned		0									
17. Amount Paid for Provision of Health Care Services		(4,361)							(4,361)		
18. Amount Incurred for Provision of Health Care Services		(4,361)							(4,361)		

(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 \$ (41,660)



ANNUAL STATEMENT FOR THE YEAR 2016 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	2	3	4	5			
		Total	Comprehensive (Hospital & Medical)	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		1,854,137	70,796	464,048	51,520	221,960	148,627	155,613	145,769		595,804
2. First Quarter		1,812,608	79,114	445,917	53,243	202,576	157,393	154,827	134,345		585,193
3. Second Quarter		1,814,575	75,002	444,633	53,193	202,664	159,820	154,867	135,175		589,221
4. Third Quarter		1,826,862	74,042	445,248	53,088	203,067	166,280	155,104	136,164		593,869
5. Current Year		1,841,214	70,331	439,189	53,075	208,796	170,922	154,648	136,909		607,344
6. Current Year Member Months		21,880,782	906,565	5,323,882	637,941	2,435,503	1,951,553	1,859,984	1,625,715		7,139,639
Total Member Ambulatory Encounters for Year:											
7 Physician		6,629,261	364,326	1,905,972	823,049			1,281,001	2,254,913		
8. Non-Physician		5,579,180	199,820	1,460,593	667,715	71,770	214,162	763,918	2,201,202		
9. Total		12,208,441	564,146	3,366,565	1,490,764	71,770	214,162	2,044,919	4,456,115	0	0
10. Hospital Patient Days Incurred		443,346	19,336	98,704	57,796			71,595	195,915		
11. Number of Inpatient Admissions		91,500	4,201	25,895	11,797			16,047	33,560		
12. Health Premiums Written (b)		5,280,469,105	357,089,898	2,194,736,062	127,072,530	12,544,296	48,500,066	1,053,762,695	1,291,585,467		195,178,091
13. Life Premiums Direct		0									
14. Property/Casualty Premiums Written		0									
15. Health Premiums Earned		5,297,888,445	361,029,430	2,197,735,482	128,256,605	12,543,807	48,412,147	1,053,762,695	1,300,970,188		195,178,091
16. Property/Casualty Premiums Earned		0									
17. Amount Paid for Provision of Health Care Services		4,420,597,336	285,315,447	1,784,702,748	92,783,635	8,828,653	33,983,302	955,479,144	1,106,293,459	(3,491)	153,214,439
18. Amount Incurred for Provision of Health Care Services		4,431,189,630	285,216,543	1,789,437,756	93,903,353	8,712,678	34,535,629	965,868,510	1,096,514,758	(4,558)	157,004,961

(a) For health business: number of persons insured under PPO managed care products 1,337,440 and number of persons insured under indemnity only products 55,073 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,291,585,467



ANNUAL STATEMENT FOR THE YEAR 2016 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		
Total Members at end of:												
1. Prior Year			1,854,137	70,796	464,048	51,520	221,960	148,627	155,613	145,769		
2. First Quarter			1,812,608	79,114	445,917	53,243	202,576	157,393	154,827	134,345		
3. Second Quarter			1,814,575	75,002	444,633	53,193	202,664	159,820	154,867	135,175		
4. Third Quarter			1,826,862	74,042	445,248	53,088	203,067	166,280	155,104	136,164		
5. Current Year			1,841,214	70,331	439,189	53,075	208,796	170,922	154,648	136,909		
6. Current Year Member Months			21,880,782	906,565	5,323,882	637,941	2,435,503	1,951,553	1,859,984	1,625,715		
Total Member Ambulatory Encounters for Year:												
7 Physician			6,629,261	364,326	1,905,972	823,049	0	0	1,281,001	2,254,913		
8. Non-Physician			5,579,180	199,820	1,460,593	667,715	71,770	214,162	763,918	2,201,202		
9. Total			12,208,441	564,146	3,366,565	1,490,764	71,770	214,162	2,044,919	4,456,115		
10. Hospital Patient Days Incurred			443,346	19,336	98,704	57,796	0	0	71,595	195,915		
11. Number of Inpatient Admissions			91,500	4,201	25,895	11,797	0	0	16,047	33,560		
12. Health Premiums Written (b)			5,280,427,445	357,089,898	2,194,736,062	127,072,530	12,544,296	48,500,066	1,053,762,695	1,291,543,807		
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			5,297,846,785	361,029,430	2,197,735,482	128,256,605	12,543,807	48,412,147	1,053,762,695	1,300,928,528		
16. Property/Casualty Premiums Earned			0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services			4,420,592,975	285,315,447	1,784,702,748	92,783,635	8,828,653	33,983,302	955,479,144	1,106,289,098		
18. Amount Incurred for Provision of Health Care Services			4,431,185,269	285,216,543	1,789,437,756	93,903,353	8,712,678	34,535,629	965,868,510	1,096,510,397		
									(3,491)	153,214,439		
									(4,558)	157,004,961		

(a) For health business: number of persons insured under PPO managed care products 1,337,440 and number of persons insured under indemnity only products 55,073 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,291,543,807

ANNUAL STATEMENT FOR THE YEAR 2016 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

None

ANNUAL STATEMENT FOR THE YEAR 2016 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.....		14,857,210	2,143,807
1999999. Accident and Health - U.S. Non-Affiliates					14,857,210	2,143,807
2199999. Total Accident and Health - Non-Affiliates					14,857,210	2,143,807
2299999. Total Accident and Health					14,857,210	2,143,807
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					14,857,210	2,143,807
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
99999999 Totals - Life, Annuity and Accident and Health					14,857,210	2,143,807

ANNUAL STATEMENT FOR THE YEAR 2016 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
.....0000 ..AA-999032 ..01/01/2014 ..U.S. Department of Health and Human Services	DC		OTH/I	CMM			797,861						
0899999. General Account - Authorized U.S. Non-Affiliates							797,861	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							797,861	0	0	0	0	0	0
1199999. Total General Account Authorized							797,861	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							797,861	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)							797,861	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							797,861	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 2016 OF THE Community Insurance Company

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	1 2016	2 2015	3 2014	4 2013	5 2012
A. OPERATIONS ITEMS					
1. Premiums	798	939	1,400	0	0
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	2,144	2,344	3,702	0	0
8. Reinsurance recoverable on paid losses	14,857	15,187	23,019	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					
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					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Community Insurance Company
SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	1,412,296,989		1,412,296,989
2. Accident and health premiums due and unpaid (Line 15)	233,128,768		233,128,768
3. Amounts recoverable from reinsurers (Line 16.1)	14,857,210	-(14,857,210)	0
4. Net credit for ceded reinsurance	XXX	17,001,017	17,001,017
5. All other admitted assets (Balance)	478,397,994		478,397,994
6. Total assets (Line 28)	2,138,680,961	2,143,807	2,140,824,768
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	509,314,096	2,143,807	511,457,903
8. Accrued medical incentive pool and bonus payments (Line 2)	25,980,377		25,980,377
9. Premiums received in advance (Line 8)	59,389,062		59,389,062
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)	736,225,170		736,225,170
15. Total liabilities (Line 24)	1,330,908,705	2,143,807	1,333,052,512
16. Total capital and surplus (Line 33)	807,772,256	XXX	807,772,256
17. Total liabilities, capital and surplus (Line 34)	2,138,680,961	2,143,807	2,140,824,768
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid		2,143,807	
19. Accrued medical incentive pool		0	
20. Premiums received in advance		0	
21. Reinsurance recoverable on paid losses		14,857,210	
22. Other ceded reinsurance recoverables		0	
23. Total ceded reinsurance recoverables		17,001,017	
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		17,001,017	

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Community Insurance Company

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 2016 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	16
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)	Is an SCA Filing Re-quired? (Y/N)	*
.0671	Anthem, Inc.		36-3692630			American Imaging Management, Inc.		IL	N/A	Imaging Management Holdings, L.L.C.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.	12354	20-2073598			AMERIGROUP Community Care of New Mexico, Inc.		NM	IA	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		54-1739323			AMERIGROUP Corporation		DE	N/A	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		81-4131800			Amerigroup District of Columbia, Inc.		DC	N/A	Anthem Partnership Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.	95093	65-0318864			AMERIGROUP Florida, Inc.		FL	IA	PHP Holdings, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.	14078	45-2485907			Amerigroup Insurance Company		TX	IA	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.	15807	47-3863197			AMERIGROUP Iowa, Inc.		IA	IA	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.	14276	45-3358287			Amerigroup Kansas, Inc.		KS	IA	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.	95832	51-0387396			AMERIGROUP Maryland, Inc.		MD	IA	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		81-4626605			Amerigroup Mississippi, Inc.		MS	N/A	Anthem Partnership Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.	12586	20-3317697			AMERIGROUP Nevada, Inc.		NV	IA	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.	95373	22-3375292			AMERIGROUP New Jersey, Inc.		NJ	IA	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.	10767	13-4212818			AMERIGROUP Ohio, Inc.		OH	IA	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.	15994	81-2781685			AMERIGROUP Oklahoma, Inc.		OK	IA	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		36-3897080			Amerigroup Partnership Plan, LLC		IL	N/A	Health Ventures Partner, L.L.C.	Ownership	75.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		36-3897080			Amerigroup Partnership Plan, LLC		IL	N/A	UNICARE Illinois Services, Inc.	Ownership	25.00	Anthem, Inc.	N	
.0671	Anthem, Inc.	12941	20-4776597			AMERIGROUP Tennessee, Inc.		TN	IA	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.	95314	75-2603231			AMERIGROUP Texas, Inc.		TX	IA	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.	14073	27-3510384			AMERIGROUP Washington, Inc.		WA	IA	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.	12229	06-1696189			AMGP Georgia Managed Care Company, Inc.		GA	IA	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N	
						Anthem Blue Cross Life and Health Insurance Company		CA	IA	WellPoint California Services, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		35-1898945			Anthem Financial, Inc.		DE	N/A	Associated Group, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		26-1498094			Anthem Health Insurance Company of Nevada		NV	N/A	HMO Colorado, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.	95120	61-1237516			Anthem Health Plans of Kentucky, Inc.		KY	IA	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	Y	0108
.0671	Anthem, Inc.	52618	31-1705652			Anthem Health Plans of Maine, Inc.		ME	IA	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.	53759	02-0510530			Anthem Health Plans of New Hampshire, Inc.		NH	IA	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.	71835	54-0357120	40003317		Anthem Health Plans of Virginia, Inc.		VA	IA	Anthem Southeast, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.	60217	06-1475928			Anthem Health Plans, Inc.		CT	IA	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		61-1459393			Anthem Holding Corp.		IN	N/A	Anthem, Inc.	Ownership	100.00	Anthem, Inc.	N	
						New York Stock Exchange (NYSE)		6324							
.0671	Anthem, Inc.		35-2145715			Anthem, Inc.		IN	UIP				Anthem, Inc.	N	
.0671	Anthem, Inc.	28207	35-0781558			Anthem Insurance Companies, Inc.		IN	IA	Anthem, Inc.	Ownership	100.00	Anthem, Inc.	Y	
.0671	Anthem, Inc.	15543	47-0992859			Anthem Kentucky Managed Care Plan, Inc.		KY	IA	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.	13573	20-5876774			Anthem Life & Disability Insurance Company		NY	IA	WellPoint Acquisition, LLC	Ownership	100.00	Anthem, Inc.	N	
										Rocky Mountain Hospital and Medical Service, Inc.					
.0671	Anthem, Inc.	61069	35-0980405			Anthem Life Insurance Company		IN	IA	Service, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.					Anthem Merger Sub Corp.		DE	N/A	Anthem, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		81-3974489			Anthem Partnership Holding Company, LLC		DE	N/A	Anthem, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		32-0031791			Anthem Southeast, Inc.		IN	N/A	Anthem, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		35-2129194			Anthem UM Services, Inc.		IN	N/A	UNICARE Specialty Services, Inc.	Ownership	100.00	Anthem, Inc.	N	
										Anthem Blue Cross Life and Health Insurance Company					
.0671	Anthem, Inc.		30-0606541			Anthem Workers' Compensation, LLC		IN	N/A	Company	Ownership	75.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		30-0606541			Anthem Workers' Compensation, LLC		IN	N/A	HealthLink, Inc.	Ownership	25.00	Anthem, Inc.	N	
.0671	Anthem, Inc.	95-4640529				Arcus Enterprises, Inc.		DE	N/A	Anthem Holding Corp.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		20-2858384			ARCUS HealthLiving Services, Inc.		IN	N/A	Arcus Enterprises, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		35-1292384			Associated Group, Inc.		IN	N/A	Anthem Insurance Companies, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		11-3713086			ATH Holding Company, LLC		IN	UDP	Anthem, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.	15480	20-4889378			Better Health, Inc.		FL	IA	Simply Healthcare Holdings, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.	54801	58-0469845			Blue Cross and Blue Shield of Georgia, Inc.		GA	IA	Cerulean Companies, Inc.	Ownership	100.00	Anthem, Inc.	N	
						Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.		GA	IA	Cerulean Companies, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.	96962	58-1638390			Blue Cross Blue Shield of Wisconsin		WI	IA	Crossroads Acquisition Corp.	Ownership	100.00	Anthem, Inc.	Y	0108
.0671	Anthem, Inc.	54003	39-0138065												

ANNUAL STATEMENT FOR THE YEAR 2016 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	16
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	Rela- tionship 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 Per- centage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re- quired? (Y/N)	*
..0671	Anthem, Inc.		95-3760980			Blue Cross of California		.CA.	.IA.	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	N	.0101
..0671	Anthem, Inc.		20-2994048			Blue Cross of California Partnership Plan, Inc.		.CA.	.IA.	Blue Cross of California	Ownership	100.000	Anthem, Inc.	N	.0102
..0671	Anthem, Inc.		95-4694706			CareMore Health Plan		.CA.	.IA.	CareMore Health System	Ownership	100.000	Anthem, Inc.	N	.0103
..0671	Anthem, Inc.	13562	38-3795280			CareMore Health Plan of Arizona, Inc.		.AZ.	.IA.	CareMore Health System	Ownership	100.000	Anthem, Inc.	N	
..0671	Anthem, Inc.	13605	26-4001602			CareMore Health Plan of Nevada		.NV.	.IA.	CareMore Health System	Ownership	100.000	Anthem, Inc.	N	
..0671	Anthem, Inc.		27-1625392			CareMore Health Plan of Texas, Inc.		.TX.	.NIA.	CareMore Health System	Ownership	100.000	Anthem, Inc.	N	
..0671	Anthem, Inc.		45-4985009			CareMore IPA of New York, LLC		.NY.	.NIA.	CareMore, LLC	Ownership	100.000	Anthem, Inc.	N	
..0671	Anthem, Inc.		32-0373216			CareMore, LLC		.IN.	.NIA.	CareMore Health System	Ownership	100.000	Anthem, Inc.	N	
..0671	Anthem, Inc.		20-2076421			CareMore Health System		.CA.	.NIA.	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
..0671	Anthem, Inc.		46-0613946			CareMore Services Company, LLC		.IN.	.NIA.	The Anthem Companies, Inc.	Ownership	100.000	Anthem, Inc.	N	
..0671	Anthem, Inc.		58-2217138			Cerulean Companies, Inc.		.GA.	.NIA.	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N	
..0671	Anthem, Inc.		39-1413702			Claim Management Services, Inc.		.WI.	.NIA.	Blue Cross Blue Shield of Wisconsin	Ownership	100.000	Anthem, Inc.	N	
						Community Care Health Plan of Louisiana, Inc.		.LA.	.IA.	Anthem Partnership Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
..0671	Anthem, Inc.	14064	26-4674149			Community Insurance Company		.OH.	.RE.	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
..0671	Anthem, Inc.	10345	31-1440175			Compcare Health Services Insurance Corporation		.WI.	.IA.	Blue Cross Blue Shield of Wisconsin	Ownership	100.000	Anthem, Inc.	N	
..0671	Anthem, Inc.	95693	39-1462554			Crossroads Acquisition Corp.		.DE.	.NIA.	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N	
..0671	Anthem, Inc.		20-0334650			DeCare Analytics, LLC		.MN.	.NIA.	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	N	
..0671	Anthem, Inc.	41-1905556			DeCare Dental Health International, LLC		.MN.	.NIA.	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	N		
..0671	Anthem, Inc.		02-0574609			DeCare Dental Insurance Ireland, Ltd.		.IRL.	.NIA.	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	N	
..0671	Anthem, Inc.		73-1665525			DeCare Dental Networks, LLC		.MN.	.NIA.	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	N	
..0671	Anthem, Inc.		01-0822645			DeCare Dental, LLC		.MN.	.NIA.	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N	
..0671	Anthem, Inc.		26-2544715			DeCare Operations Ireland, Limited		.IRL.	.NIA.	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	N	
..0671	Anthem, Inc.		13-3934328			Designated Agent Company, Inc.		.KY.	.NIA.	Anthem Health Plans of Kentucky, Inc.	Ownership	100.000	Anthem, Inc.	N	
..0671	Anthem, Inc.	55093	23-7391136			EHC Benefits Agency, Inc.		.NY.	.NIA.	WellPoint Holding Corp	Ownership	100.000	Anthem, Inc.	N	
..0671	Anthem, Inc.	95433	13-3874803			Empire HealthChoice Assurance, Inc.		.NY.	.IA.	WellPoint Holding Corp	Ownership	100.000	Anthem, Inc.	N	
..0671	Anthem, Inc.		26-4286154			Empire HealthChoice HMO, Inc.		.NY.	.IA.	Empire HealthChoice Assurance, Inc.	Ownership	100.000	Anthem, Inc.	N	
..0671	Anthem, Inc.		95-2907752			Federal Government Solutions, LLC		.WI.	.NIA.	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
..0671	Anthem, Inc.					Golden West Health Plan, Inc.		.CA.	.IA.	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	N	.0104
						Blue Cross and Blue Shield of Georgia, Inc.									
..0671	Anthem, Inc.	97217	58-1473042			Greater Georgia Life Insurance Company		.GA.	.IA.		Ownership	100.000	Anthem, Inc.	N	
..0671	Anthem, Inc.		51-0365660			Health Core, Inc.		.DE.	.NIA.	Arcus Enterprises, Inc.	Ownership	100.000	Anthem, Inc.	N	
..0671	Anthem, Inc.		54-1237939			Health Management Corporation		.VA.	.NIA.	Southeast Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
..0671	Anthem, Inc.		36-3897701			Health Ventures Partner, L.L.C.		.IL.	.NIA.	UNICARE National Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
..0671	Anthem, Inc.	95169	54-1356687			HealthKeepers, Inc.		.VA.	.IA.	Anthem Southeast, Inc.	Ownership	92.510	Anthem, Inc.	N	
..0671	Anthem, Inc.	95169	54-1356687			HealthKeepers, Inc.		.VA.	.IA.	UNICARE National Services, Inc.	Ownership	7.490	Anthem, Inc.	N	
..0671	Anthem, Inc.	96475	43-1616135			HealthLink HMO, Inc.		.MO.	.IA.	HealthLink, Inc.	Ownership	100.000	Anthem, Inc.	N	
..0671	Anthem, Inc.		43-1364135			HealthLink, Inc.		.IL.	.NIA.	RightCHOICE Managed Care, Inc.	Ownership	100.000	Anthem, Inc.	N	
..0671	Anthem, Inc.		13-3865627			HealthPlus HP, LLC		.NY.	.IA.	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	.0100
..0671	Anthem, Inc.	78972	86-0257201			Healthy Alliance Life Insurance Company		.MO.	.IA.	RightCHOICE Managed Care, Inc.	Ownership	100.000	Anthem, Inc.	N	
										Rocky Mountain Hospital and Medical Service, Inc.	Ownership	100.000	Anthem, Inc.	Y	.0108
..0671	Anthem, Inc.	95473	84-1017384			HMO Colorado, Inc.		.CO.	.IA.	RightCHOICE Managed Care, Inc.	Ownership	100.000	Anthem, Inc.	N	
..0671	Anthem, Inc.	95358	37-1216698			HMO Missouri, Inc.		.MO.	.IA.	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
..0671	Anthem, Inc.		75-2619605			Imaging Management Holdings, L.L.C.		.DE.	.NIA.	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
..0671	Anthem, Inc.		02-0581429			Living Complete Technologies, Inc.		.MD.	.NIA.	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
						Matthew Thornton Health Plan, Inc.		.NH.	.IA.	Anthem Health Plans of New Hampshire, Inc.	Ownership	100.000	Anthem, Inc.	N	
..0671	Anthem, Inc.	95527	02-0494919			Meridian Resource Company, LLC		.WI.	.NIA.	Compcare Health Services Insurance Corporation	Ownership	100.000	Anthem, Inc.	N	
..0671	Anthem, Inc.		39-2013971			National Government Services, Inc.		.IN.	.NIA.	Anthem Insurance Companies, Inc.	Ownership	100.000	Anthem, Inc.	N	
..0671	Anthem, Inc.		35-1840597			National Telehealth Network, LLC		.DE.	.NIA.	Sellcore, Inc.	Ownership	50.000	Anthem, Inc.	N	.0105
..0671	Anthem, Inc.		46-1595582			Park Square Holdings, Inc.		.CA.	.NIA.	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	N	

ANNUAL STATEMENT FOR THE YEAR 2016 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	16
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 Percent-age	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0671	Anthem, Inc.		95-4386221			Park Square I, Inc.		CA	N/A	WellPoint California Services, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		95-4249345			Park Square II, Inc.		CA	N/A	WellPoint California Services, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		65-0569629			PHP Holdings, Inc.		FL	N/A	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		56-2396739			Resolution Health, Inc.		DE	N/A	Anthem Southeast, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		47-0851593			RightCHOICE Managed Care, Inc.		DE	N/A	Anthem Holding Corp.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.	11011	84-0747736			Rocky Mountain Hospital and Medical Service, Inc.		CO	IA	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		20-0473316			SellCore, Inc.		DE	N/A	Anthem, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		27-0757414			Simply Healthcare Holdings, Inc.		FL	N/A	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.	13726	27-0945036			Simply Healthcare Plans, Inc.		FL	IA	Simply Healthcare Holdings, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		55-0712302			Southeast Services, Inc.		VA	N/A	Anthem Southeast, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		45-4071004			State Sponsored Business UM Services, Inc.		IN	N/A	UNICARE Specialty Services, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		35-1835818			The Anthem Companies, Inc.		IN	N/A	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		45-5443372			The Anthem Companies of California, Inc.		CA	N/A	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		43-1967924			TrustSolutions, LLC		WI	N/A	Government Health Services, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.	11810	84-1620480			UNICARE Health Plan of West Virginia, Inc.		WV	IA	UNICARE National Services, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		36-3899137			UNICARE Illinois Services, Inc.		IL	N/A	UNICARE National Services, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.	80314	52-0913817			UNICARE Life & Health Insurance Company		IN	IA	UNICARE National Services, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		95-4635507			UNICARE National Services, Inc.		DE	N/A	Anthem Holding Corp.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		77-0494551			UNICARE Specialty Services, Inc.		DE	N/A	Anthem Holding Corp.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		36-4014617			UTILMED IPA, Inc.		NY	N/A	American Imaging Management, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		20-4405193			WellPoint Acquisition, LLC		IN	N/A	Anthem, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		20-2156380			WellPoint Behavioral Health, Inc.		DE	N/A	UNICARE Specialty Services, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		95-4640531			WellPoint California Services, Inc.		DE	N/A	Anthem Holding Corp.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		95-4657170			WellPoint Dental Services, Inc.		DE	N/A	UNICARE Specialty Services, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		81-2874917			WellPoint Health Solutions, Inc.		DE	N/A	Federal Government Solutions, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		20-3620996			WellPoint Holding Corp		DE	N/A	Anthem, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		45-2736438			WellPoint Information Technology Services, Inc.		CA	N/A	Blue Cross of California	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		36-4595641			WellPoint Insurance Services, Inc.		HI	N/A	Anthem, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		47-2546820			WellPoint Military Care Corporation		IN	N/A	Government Health Services, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.	15929	47-5569628			Wisconsin Collaborative Insurance Company		WI	IA	Crossroads Acquisition Corp.	Ownership	50.00	Anthem, Inc.	0107	
.0671	Anthem, Inc.		98-0552141			WPMI (Shanghai) Enterprise Service Co. Ltd.		CHN	N/A	WPMI, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		20-8672847			WPMI, LLC		DE	N/A	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
0107	50% owned by an unaffiliated investor
0108	Received exemption from domestic regulator

ANNUAL STATEMENT FOR THE YEAR 2016 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.					(45,143,273)				(45,143,273)	
12354	20-2073598	AMERIGROUP Community Care of New Mexico, Inc.					(2,376,606)				(2,376,606)	
	54-1739323	AMERIGROUP Corporation					(23,463,877)				(23,463,877)	
.95093	65-0318864	AMERIGROUP Florida, Inc.	10,000,000				(138,420,433)				(128,420,433)	
.14078	45-2485907	AMERIGROUP Insurance Company		250,000,000			(46,993,561)				(46,993,561)	
.15807	47-3863197	AMERIGROUP Iowa, Inc.					(78,378,221)				171,621,779	
.14276	45-3358287	AMERIGROUP Kansas, Inc.					(74,340,938)				(74,340,938)	
.95832	51-0387398	AMERIGROUP Maryland, Inc.	(20,000,000)				(121,837,959)				(141,837,959)	
.12586	20-3317697	AMERIGROUP Nevada, Inc.					(61,302,699)				(61,302,699)	
.95373	22-3375292	AMERIGROUP New Jersey, Inc.	(50,000,000)				(145,692,060)				(195,692,060)	
.10767	13-4212818	AMERIGROUP Ohio Inc					(469,933)				(469,933)	
	36-3897080	AMERIGROUP Partnership Plan, LLC					(26,852,245)				(26,852,245)	
.12941	20-4776597	AMERIGROUP Tennessee, Inc.					(190,076,813)				(190,076,813)	
.95314	75-2603231	AMERIGROUP Texas, Inc.	(30,000,000)				(404,082,715)				(434,082,715)	
.14073	27-3510384	AMERIGROUP Washington, Inc.	(12,000,000)				(68,215,341)				(80,215,341)	
.12229	06-1696189	AMGP Georgia Managed Care Company, Inc.	(15,000,000)				(142,727,809)				(157,727,809)	
.62825	95-4331852	Anthem Blue Cross Life and Health Insurance Company, Inc.	(235,600,000)				(941,956,611)	(983,470)			(1,178,540,081)	1,511,335
.95120	61-1237516	Anthem Health Plans of Kentucky, Inc.	(95,000,000)				(391,288,399)				(486,288,399)	
.52618	31-1705652	Anthem Health Plans of Maine, Inc.	(22,100,000)				(111,362,268)				(133,462,268)	
.53759	02-0510530	Anthem Health Plans of New Hampshire, Inc.	(10,000,000)				(50,981,912)				(60,981,912)	
.71835	54-0357120	Anthem Health Plans of Virginia, Inc.	(216,100,000)				(614,651,485)	10,369,959			(820,381,526)	(4,585,268)
.60217	06-1475928	Anthem Health Plans, Inc.	(91,800,000)				(304,498,539)				(396,298,539)	
.28207	35-0781558	Anthem Insurance Companies, Inc.	(325,000,000)				(1,254,634,382)	11,067,248			(1,568,567,134)	(1,644,166)
.15543	47-0992859	Anthem Kentucky Managed Care Plan, Inc.					(64,835,810)				(64,835,810)	
.13573	20-5876774	Anthem Life and Disability Insurance Company					(1,071,963)				(1,071,963)	
.61069	35-0980405	Anthem Life Insurance Company	(18,900,000)				(35,571,292)	17,800,662			(36,670,630)	(23,079,605)
	35-2145715	Anthem, Inc.	2,611,100,000	(300,000,000)			6,354,566,658				8,665,666,658	
.11-3713086	11-3713086	ATH Holding Company, LLC					(41,675,909)				(41,675,909)	
.15480	20-4889378	Better Health, Inc.					(40,459,168)				(40,459,168)	
.54801	58-0469845	Blue Cross and Blue Shield of Georgia, Inc.	(73,600,000)				(352,736,642)				(426,336,642)	
.96962	58-1638390	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	(25,700,000)				(401,841,849)				(427,541,849)	
.54003	39-0138065	Blue Cross Blue Shield of Wisconsin	(60,000,000)				(137,431,914)				(197,431,914)	
.95-3760980	95-3760980	Blue Cross of California	(425,000,000)				(1,318,129,334)				(1,743,129,334)	
	20-2994048	Blue Cross of California Partnership Plan, Inc.					(332,338,749)				(332,338,749)	
.95-4694706	95-4694706	Caremore Health Plan	(50,000,000)				(187,480,869)				(237,480,869)	
.13562	38-3975280	Caremore Health Plan of Arizona, Inc.					(36,300,363)				(36,300,363)	
.13605	26-4001602	Caremore Health Plan of Nevada					(21,134,855)				(21,134,855)	

ANNUAL STATEMENT FOR THE YEAR 2016 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)
32-0373216	Caremore, LLC						(11,857,052)				(11,857,052)	
14064	26-4674149	Community Care Health Plan of Louisiana, Inc.		20,000,000			(69,006,060)				(49,006,060)	
10345	31-1440175	Community Insurance Company	(266,200,000)				(911,412,383)				(1,177,612,383)	
95693	39-1462554	Compcare Health Services Insurance Corporation	(10,000,000)				(92,054,648)				(102,054,648)	
01-0822645	DeCare Dental, LLC		(250,000,000)				(45,567,014)				(45,567,014)	
55093	23-7391136	Empire HealthChoice Assurance, Inc.					(528,256,823)				(778,256,823)	
95433	13-3874803	Empire HealthChoice HMO, Inc.					(122,558,319)				(122,558,319)	
95-2907752	95-2907752	Golden West Health Plan, Inc.					(790,279)				(790,279)	
97217	58-1473042	Greater Georgia Life Insurance Company					(7,681,353)				(7,681,353)	
51-0365660	51-0365660	Health Core, Inc.	(35,000,000)	15,000,000			(21,346,159)				(21,346,159)	
95169	54-1356687	HealthKeepers, Inc.	(10,000,000)				(388,403,745)	(10,369,959)			(418,773,704)	4,585,268
96475	43-1616135	HealthLink HMO, Inc.					5,219,475				(4,780,525)	
43-1364135	43-1364135	HealthLink, Inc.					(60,489,216)				(60,489,216)	
13-3865627	13-3865627	HealthPlus LLC					(300,587,736)				(300,587,736)	
78972	86-0257201	Healthy Alliance Life Insurance Company	(105,200,000)				(294,007,288)				(399,207,288)	
95473	84-1017384	HMO Colorado, Inc.		15,000,000			(40,662,843)				(25,662,843)	
95358	37-1216698	HMO Missouri, Inc.	(800,000)				(18,848,458)				(19,648,458)	
98-0408753	98-0408753	HTH Re, LTD						983,470			983,470	(1,511,335)
95527	02-0494919	Matthew Thornton Health Plan, Inc.	(30,000,000)				(75,499,873)				(105,499,873)	
	35-1840597	National Government Services, Inc.					(20,169,845)				(20,169,845)	
	47-0851593	RightCHOICE Managed Care, Inc.					(22,510,682)				(22,510,682)	
11011	84-0747736	Rocky Mountain Hospital and Medical Service, Inc.	(78,100,000)	(15,000,000)			(257,720,740)				(350,820,740)	
13726	27-0945036	Simply Healthcare Plans, Inc.					(140,514,747)				(140,514,747)	
	45-5443372	The Anthem Companies of California, Inc.					146,341,009				146,341,009	
	35-1835818	The Anthem Companies, Inc.					4,887,345,537				4,887,345,537	
11810	84-1620480	UNICARE Health Plan of West Virginia, Inc.					(43,128,585)				(43,128,585)	
	52-0913817	UNICARE Life & Health Insurance Company	(50,000,000)				(48,109,062)	(28,867,910)			(126,976,972)	24,723,771
	45-2736438	WellPoint Information Technology Services					349,756,226				349,756,226	
	47-2546820	WellPoint Military Care Corporation					(7,365,246)				(7,365,246)	
	47-5569628	Wisconsin Collaborative Insurance Company		5,000,000			(3,923,953)				1,076,047	
9999999 Control Totals			0	0	0	0	0	0	0	XXX	0	0
												0

ANNUAL STATEMENT FOR THE YEAR 2016 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 the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
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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

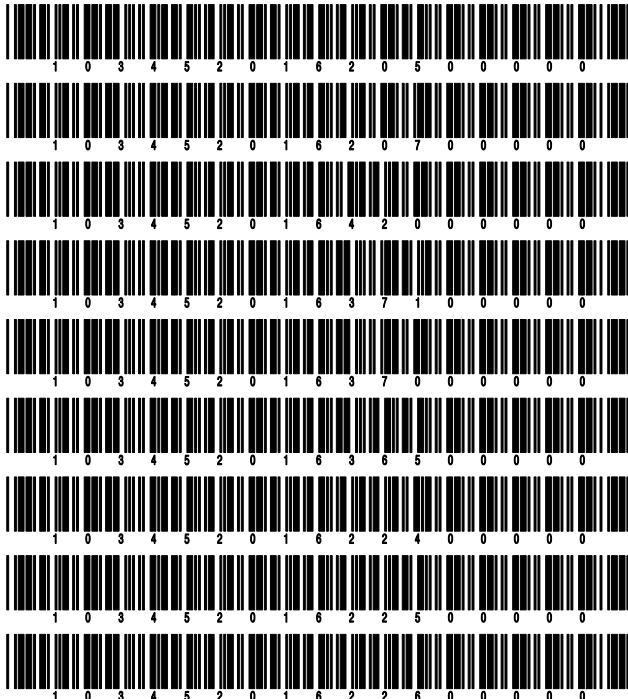
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
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Explanations:

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

Bar Codes:

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



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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



22. Life Supplement [Document Identifier 211]



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





SUPPLEMENT FOR THE YEAR 2016 OF THE Community Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
 (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 2013			14	Policies Issued in 2014; 2015; 2016			
										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.	0200560	10/29/1991			01/01/1992	Medicomp 2	2,888,647	1,756,082	60.8	732	0	0	0.0	0.0	0
YES	PD009	P.	0204060	.07/18/1990			01/01/1992	Mediplus Standard	34,475	255,079	739.9	9	0	0	0.0	0.0	0
YES	PD010	P.	0200560	10/29/1991			01/01/1992	Medicomp 1	41,410	71,977	173.8	23	0	0	0.0	0.0	0
YES	PD011	A.	0204060	.03/10/1992			06/01/2010	Medicomp A	178,464	520,980	291.9	24	0	0	0.0	0.0	0
YES	PD014	D.	0204000	.03/10/1992			06/01/2010	Medicomp D	479,759	378,463	78.9	102	0	0	0.0	0.0	0
YES	PD021	P.	0200560	.01/21/1992			01/01/1992	Medicomp 3	181,751	593,071	326.3	29	0	0	0.0	0.0	0
								Insurance for One, Medicare Supplement Plan									
								A - Attained Age	97,006	119,732	123.4	51	0	0	0.0	0.0	0
								Insurance for One, Medicare Supplement Plan									
								C - Attained Age	10,609,305	6,827,154	64.4	3,384	0	0	0.0	0.0	0
								Insurance for One, Medicare Supplement Plan									
								F - Attained Age	7,263,501	4,255,784	58.6	2,241	0	0	0.0	0.0	0
								Insurance for One, Medicare Supplement Plan									
								I - Attained Age	476,859	388,628	81.5	136	0	0	0.0	0.0	0
								Insurance for One, Medicare Supplement Plan									
								B - Attained Age	182,805	273,036	149.4	66	0	0	0.0	0.0	0
								Insurance for One, Medicare Supplement Plan									
								D - Attained Age	248,098	242,228	97.6	79	0	0	0.0	0.0	0
								Insurance for One, Medicare Supplement Plan									
								E - Attained Age	36,580	88,865	242.9	12	0	0	0.0	0.0	0
								Insurance for One, Medicare Supplement Plan									
								G - Attained Age	378,363	314,166	83.0	129	0	0	0.0	0.0	0
								Insurance for One, Medicare Supplement Plan									
								H - Attained Age	153,285	270,507	176.5	44	0	0	0.0	0.0	0
								Health Maintenance Plan (Medicare Supplement product)	0	0	0.0	0	0	0	0.0	0.0	0
								Modernized MedSupp Plan A	183,575	500,186	272.5	64	91,787	16,825	18.3	32	
								Modernized MedSupp Plan F	28,772,066	21,196,713	73.7	11,639	17,613,484	12,070,089	68.5	8,685	
								Modernized MedSupp Plan G	1,327,808	1,230,571	92.7	465	0	0	0.0	0.0	0
								Modernized MedSupp Plan High F	1,139,104	675,099	59.3	1,185	0	0	0.0	0.0	0



SUPPLEMENT FOR THE YEAR 2016 OF THE Community Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
 (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 2013				Policies Issued in 2014; 2015; 2016			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	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								
YES	WPPLANNM(09)-OH	N.		0034000	06/01/2010				Modernized MedSupp Plan N	4,662,115	3,469,894	.74.4	2,447	2,412,948	1,427,042	.59.1	1,548
YES	WPPLANSelectM(11)-OH	F.		0034000	01/01/2012				Modernized Select MedSupp Plan F	1,700,663	1,251,264	.73.6	814	1,988,886	1,696,814	.85.3	1,062
YES	WPPLANHIFSelectM(11)-OH	F.		0034000	01/01/2012				Modernized Select MedSupp Plan High F	94,457	60,562	.64.1	112	0	0	0.0	0
YES	WPPLANSelectM(11)-OH	G.		0034000	01/01/2012				Modernized Select MedSupp Plan G	112,032	94,596	.84.4	50	0	0	0.0	0
YES	WPPLANSelectM(11)-OH	N.		0034000	01/01/2012				Modernized Select MedSupp Plan N	516,560	450,019	.87.1	360	918,036	876,806	.95.5	676
0199999. Total Experience on Individual Policies										61,758,688	45,284,656	73.3	24,197	23,025,141	16,087,576	69.9	12,003
YES	PD023	A.		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.		0030500	06/14/1994			06/01/2010	Insurance for One, Medicare Supplement Plan C	62,617	182,103	290.8	20	0	0	0.0	0
YES	PD025	F.		0030500	06/14/1994			06/01/2010	Insurance for One, Medicare Supplement Plan F	29,042	152,823	.526.2	8	0	0	0.0	0
YES	PD026	I.		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.		0234000	07/26/1995			06/01/2010	Insurance for One, Medicare Select Plan C	7,703,813	5,345,586	.69.4	2,956	0	0	0.0	0
YES	PD038	F.		0234000	07/26/1995			06/01/2010	Insurance for One, Medicare Select Plan F	2,472,476	1,696,234	.68.6	925	0	0	0.0	0
YES	TA010	A.		0234000	09/09/1993			06/01/2010	Insurance for One, Medicare Supplement Plan A	218,359	166,336	.76.2	145	0	0	0.0	0
YES	TA011	C.		0234000	09/09/1993			06/01/2010	Insurance for One, Medicare Supplement Plan C	15,901,907	12,416,498	.78.1	6,078	0	0	0.0	0
YES	TA012	F.		0234000	09/09/1993			06/01/2010	Insurance for One, Medicare Supplement Plan F	15,945,627	11,682,790	.73.3	6,323	0	0	0.0	0
YES	TA013	I.		0234000	09/09/1993			01/01/2006	Insurance for One, Medicare Supplement Plan I	1,138,934	888,751	.78.0	421	0	0	0.0	0
0299999. Total Experience on Group Policies										43,472,775	32,531,121	74.8	16,876	0	0	0.0	0



SUPPLEMENT FOR THE YEAR 2016 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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