



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2016
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 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, 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 262-523-3683
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)
Internet Website Address www.anthem.com
Statutory Statement Contact Jill M. Waddell, 262-523-3683
(Name) (Area Code) (Telephone Number)
Jill.Waddell@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 Meridith, Valuation Actuary Kristin Kim Cherie Howard #, Assistant Secretary

DIRECTORS OR TRUSTEES

Carter Allen Beck Ronald William Penczek # Erin Patricia Hoeflinger
Catherine Irene Kelaghan Kathleen Susan Kiefer

State of Ohio SS:
County of Warren

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

Erin Patricia Hoeflinger
President/Chairperson

Kathleen Susan Kiefer
Vice President/Secretary

Robert David Kretschmer
Vice President/Treasurer

Subscribed and sworn to before me this 2nd day of February 2017
Shelia G. Adams

- 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



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

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.	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

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	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.

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

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EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

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EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	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

[illegible]

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	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

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0671		Indiana		2016							NAIC Company Code	
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
		2	3									
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year		0										
2. First Quarter		0										
3. Second Quarter		0										
4. Third Quarter		0										
5. Current Year		0										
6. Current Year Member Months		0										
Total Member Ambulatory Encounters for Year:												
7. Physician		0										
8. Non-Physician		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b)		(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

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0671		Ohio		2016							NAIC Company Code	
		Comprehensive (Hospital & Medical)									10345	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	1,854,137	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 products1,337,440 and number of persons insured under indemnity only products55,073 .

(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

NAIC Group Code		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR		2016		(LOCATION)	
0671										NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1.	Prior Year	1,854,137	70,796	464,048	51,520	221,960	148,627	155,613	145,769	0	595,804
2.	First Quarter	1,812,608	79,114	445,917	53,243	202,576	157,393	154,827	134,345	0	585,193
3.	Second Quarter	1,814,575	75,002	444,633	53,193	202,664	159,820	154,867	135,175	0	589,221
4.	Third Quarter	1,826,862	74,042	445,248	53,088	203,067	166,280	155,104	136,164	0	593,869
5.	Current Year	1,841,214	70,331	439,189	53,075	208,796	170,922	154,648	136,909	0	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	0	7,139,639
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	0	0
8.	Non-Physician	5,579,180	199,820	1,460,593	667,715	71,770	214,162	763,918	2,201,202	0	0
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	0	0	71,595	195,915	0	0
11.	Number of Inpatient Admissions	91,500	4,201	25,895	11,797	0	0	16,047	33,560	0	0
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	0	195,178,091
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	5,297,846,785	361,029,430	2,197,735,482	128,256,605	12,543,807	48,412,147	1,053,762,695	1,300,928,528	0	195,178,091
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17.	Amount Paid for Provision of Health Care Services	4,420,592,975	285,315,447	1,784,702,748	92,783,635	8,828,653	33,983,302	955,479,144	1,106,289,098	(3,491)	153,214,439
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	(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

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 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	12		
										Current Year	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	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

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		

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)	Deposit-Type Contracts
						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 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 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. AMERIGROUP Community Care of New Mexico, Inc.	IL	NIA	Imaging Management Holdings, L.L.C.	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.	12354	20-2073598					NM	IA	AMERIGROUP Corporation	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		54-1739323				AMERIGROUP Corporation	DE	NIA	ATH Holding Company, LLC	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		81-4131800				Amerigroup District of Columbia, Inc.	DC	NIA	Anthem Partnership Holding Company, LLC	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.	95093	65-0318864				AMERIGROUP Florida, Inc.	FL	IA	PHP Holdings, Inc.	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.	14078	45-2485907				Amerigroup Insurance Company	TX	IA	AMERIGROUP Corporation	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.	15807	47-3863197				AMERIGROUP Iowa, Inc.	IA	IA	AMERIGROUP Corporation	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.	14276	45-3358287				Amerigroup Kansas, Inc.	KS	IA	AMERIGROUP Corporation	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.	95832	51-0387398				AMERIGROUP Maryland, Inc.	MD	IA	AMERIGROUP Corporation	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		81-4626605				Amerigroup Mississippi, Inc.	MS	NIA	Anthem Partnership Holding Company, LLC	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.	12586	20-3317697				AMERIGROUP Nevada, Inc.	NV	IA	AMERIGROUP Corporation	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.	95373	22-3375292				AMERIGROUP New Jersey, Inc.	NJ	IA	AMERIGROUP Corporation	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.	10767	13-4212818				AMERIGROUP Ohio, Inc.	OH	IA	AMERIGROUP Corporation	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.	15994	81-2781685				AMERIGROUP Oklahoma, Inc.	OK	IA	AMERIGROUP Corporation	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		36-3897080				Amerigroup Partnership Plan, LLC	IL	NIA	Health Ventures Partner, L.L.C.	Ownership.....	75.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		36-3897080				Amerigroup Partnership Plan, LLC	IL	NIA	UNICARE Illinois Services, Inc.	Ownership.....	25.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.	12941	20-4776597				AMERIGROUP Tennessee, Inc.	TN	IA	AMERIGROUP Corporation	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.	95314	75-2603231				AMERIGROUP Texas, Inc.	TX	IA	AMERIGROUP Corporation	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.	14073	27-3510384				AMERIGROUP Washington, Inc.	WA	IA	AMERIGROUP Corporation	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.	12229	06-1696189				AMGP Georgia Managed Care Company, Inc. Anthem Blue Cross Life and Health Insurance Company	GA	IA	AMERIGROUP Corporation	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.	62825	95-4331852				Anthem Financial, Inc.	CA	IA	WellPoint California Services, Inc.	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		35-1898945				Anthem Health Insurance Company of Nevada	DE	NIA	Associated Group, Inc.	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		26-1498094				Anthem Health Plans of Kentucky, Inc.	NV	NIA	HMO Colorado, Inc.	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.	95120	61-1237516				Anthem Health Plans of Maine, Inc.	IA	IA	ATH Holding Company, LLC	Ownership.....	100.000	Anthem, Inc. ....	.Y	.0108
.0671	Anthem, Inc.	52618	31-1705652				Anthem Health Plans of New Hampshire, Inc.	ME	IA	ATH Holding Company, LLC	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.	53759	02-0510530				Anthem Health Plans of Virginia, Inc.	NH	IA	ATH Holding Company, LLC	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.	71835	54-0357120	40003317			Anthem Health Plans, Inc.	VA	IA	Anthem Southeast, Inc.	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.	60217	06-1475928				Anthem Holding Corp.	CT	IA	ATH Holding Company, LLC	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		61-1459339			New York Stock Exchange (NYSE)		IN	NIA	Anthem, Inc.	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		35-2145715		6324		Anthem Insurance Companies, Inc.	IN	UIP	Anthem, Inc.	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.	28207	35-0781558				Anthem Kentucky Managed Care Plan, Inc.	IN	IA	ATH Holding Company, LLC	Ownership.....	100.000	Anthem, Inc. ....	.Y	
.0671	Anthem, Inc.	15543	47-0992859				Anthem Life & Disability Insurance Company	KY	IA	WellPoint Acquisition, LLC	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.	13573	20-5876774					NY	IA	Rocky Mountain Hospital and Medical Service, Inc.	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.	61069	35-0980405				Anthem Life Insurance Company	IN	IA	Anthem, Inc.	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.						Anthem Merger Sub Corp.	DE	NIA	Anthem, Inc.	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		81-3974489				Anthem Partnership Holding Company, LLC	DE	NIA	Anthem, Inc.	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		32-0031791				Anthem Southeast, Inc.	IN	NIA	Anthem, Inc.	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		35-2129194				Anthem UM Services, Inc.	IN	NIA	UNICARE Specialty Services, Inc.	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		30-0606541				Anthem Workers' Compensation, LLC	IN	NIA	Anthem Blue Cross Life and Health Insurance Company	Ownership.....	75.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		30-0606541				Anthem Workers' Compensation, LLC	IN	NIA	HealthLink, Inc.	Ownership.....	25.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		95-4640529				Arcus Enterprises, Inc.	DE	NIA	Anthem Holding Corp.	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		20-2858384				ARCUS HealthLiving Services, Inc.	IN	NIA	Anthem Insurance Companies, Inc.	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		35-1292384				Associated Group, Inc.	IN	NIA	Anthem, Inc.	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		11-3713086				ATH Holding Company, LLC	IN	UDP	Anthem, Inc.	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.	15480	20-4889378				Better Health, Inc.	FL	IA	Simply Healthcare Holdings, Inc.	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.	54801	58-0469845				Blue Cross and Blue Shield of Georgia, Inc.	GA	IA	Cerulean Companies, Inc.	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.						Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	GA	IA	Cerulean Companies, Inc.	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.	96962	58-1638390				Blue Cross Blue Shield of Wisconsin	WI	IA	Cerulean Companies, Inc.	Ownership.....	100.000	Anthem, Inc. ....	.Y	.0108
.0671	Anthem, Inc.	54003	39-0138065							Crossroads Acquisition Corp.	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
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.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.								
.0671	Anthem, Inc.	14064	26-4674149					LA	IA	Anthem Partnership Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	10345	31-1440175				Community Insurance Company	OH	RE	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
							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.						DeCare Operations Ireland, Limited	IRL	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		26-2544715				Designated Agent Company, Inc.	KY	NIA	Anthem Health Plans of Kentucky, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		13-3934328				EHC Benefits Agency, Inc.	NY	NIA	WellPoint Holding Corp	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	55093	23-7391136				Empire HealthChoice Assurance, Inc.	NY	IA	WellPoint Holding Corp	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	95433	13-3874803				Empire HealthChoice HMO, Inc.	NY	IA	Empire HealthChoice Assurance, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		26-4286154				Federal Government Solutions, LLC	WI	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		95-2907752				Golden West Health Plan, Inc.	CA	IA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	N	.0104
							Greater Georgia Life Insurance Company	GA	IA	Blue Cross and Blue Shield of Georgia, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	97217	58-1473042				Health Core, Inc.	DE	NIA	Arcus Enterprises, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		51-0365660				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.	CO	IA		Ownership	100.000	Anthem, Inc.	Y	.0108
.0671	Anthem, Inc.	95473	84-1017384				HMO Colorado, Inc.	MO	IA	RightCHOICE Managed Care, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	95358	37-1216698				HMO Missouri, Inc.	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		75-2619605				Imaging Management Holdings, L.L.C.	MD	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		02-0581429				Living Complete Technologies, Inc.			Anthem Health Plans of New Hampshire, Inc.					
.0671	Anthem, Inc.	95527	02-0494919				Matthew Thornton Health Plan, Inc.	NH	IA		Ownership	100.000	Anthem, Inc.	N	
							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	
.0671	Anthem, Inc.		95-4249368												

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 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 Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0671	Anthem, Inc.		95-4386221				Park Square I, Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		95-4249345				Park Square II, Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		65-0569629				PHP Holdings, Inc.	FL	NIA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		56-2396739				Resolution Health, Inc.	DE	NIA	Anthem Southeast, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		47-0851593				RightCHOICE Managed Care, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N	
							Rocky Mountain Hospital and Medical Service, Inc.	CO	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	11011	84-0747736				SellCore, Inc.	DE	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		20-0473316				Simply Healthcare Holdings, Inc.	FL	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	13726	27-0757414				Simply Healthcare Plans, Inc.	FL	IA	Simply Healthcare Holdings, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		27-0945036				Southeast Services, Inc.	VA	NIA	Anthem Southeast, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		55-0712302				State Sponsored Business UM Services, Inc.	IN	NIA	UNICARE Specialty Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		45-4071004				The Anthem Companies, Inc.	IN	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		35-1835818				The Anthem Companies of California, Inc.	CA	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		45-5443372				TrustSolutions, LLC	WI	NIA	Government Health Services, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		43-1967924				UNICARE Health Plan of West Virginia, Inc.	WV	IA	UNICARE National Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	11810	84-1620480				UNICARE Illinois Services, Inc.	IL	NIA	UNICARE National Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		36-3899137				UNICARE Life & Health Insurance Company	IN	IA	UNICARE National Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	80314	52-0913817				UNICARE National Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		95-4635507				UNICARE Specialty Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		77-0494551				UtiliMED IPA, Inc.	NY	NIA	American Imaging Management, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		36-4014617				WellPoint Acquisition, LLC	IN	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		20-4405193				WellPoint Behavioral Health, Inc.	DE	NIA	UNICARE Specialty Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		20-2156380				WellPoint California Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		95-4640531				WellPoint Dental Services, Inc.	DE	NIA	UNICARE Specialty Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		95-4657170				WellPoint Health Solutions, Inc.	DE	NIA	Federal Government Solutions, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		81-2874917				WellPoint Holding Corp	DE	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		20-3620996				WellPoint Information Technology Services, Inc.	CA	NIA	Blue Cross of California	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		45-2736438				WellPoint Insurance Services, Inc.	HI	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		36-4595641				WellPoint Military Care Corporation	IN	NIA	Government Health Services, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	15929	47-2546820				Wisconsin Collaborative Insurance Company	WI	IA	Crossroads Acquisition Corp.	Ownership	50.000	Anthem, Inc.	N	0107
.0671	Anthem, Inc.		47-5569628				WPMI (Shanghai) Enterprise Service Co. Ltd.	CHN	NIA	WPMI, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		98-0552141				WPMI, LLC	DE	NIA	ATH Holding Company, LLC	Ownership	69.910	Anthem, Inc.	N	0106
.0671	Anthem, Inc.		20-8672847												

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

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

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)
	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					(45,567,014)				(45,567,014)	
55093	23-7391136	Empire HealthChoice Assurance, Inc.	(250,000,000)				(528,256,823)				(778,256,823)	
95433	13-3874803	Empire HealthChoice HMO, Inc.					(122,558,319)				(122,558,319)	
	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	Health Core, Inc.					(21,346,159)				(21,346,159)	
95169	54-1356687	HealthKeepers, Inc.	(35,000,000)	15,000,000			(388,403,745)	(10,369,959)			(418,773,704)	4,585,268
96475	43-1616135	HealthLink HMO, Inc.	(10,000,000)				5,219,475				(4,780,525)	
	43-1364135	HealthLink, Inc.					(60,489,216)				(60,489,216)	
	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	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)	
80314	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										
	47-2546820	WellPoint Military Care Corporation					349,756,226				349,756,226	
15929	47-5569628	Wisconsin Collaborative Insurance Company					(7,365,246)				(7,365,246)	
				5,000,000			(3,923,953)				1,076,047	
9999999 Control Totals			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

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]	 1 0 3 4 5 2 0 1 6 2 0 5 0 0 0 0 0
13.	Property/Casualty Supplement [Document Identifier 207]	 1 0 3 4 5 2 0 1 6 2 0 7 0 0 0 0 0
14.	SIS Stockholder Information Supplement [Document Identifier 420]	 1 0 3 4 5 2 0 1 6 4 2 0 0 0 0 0 0
15.	Participating Opinion for Exhibit 5 [Document Identifier 371]	 1 0 3 4 5 2 0 1 6 3 7 1 0 0 0 0 0
16.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	 1 0 3 4 5 2 0 1 6 3 7 0 0 0 0 0 0
17.	Medicare Part D Coverage Supplement [Document Identifier 365]	 1 0 3 4 5 2 0 1 6 3 6 5 0 0 0 0 0
18.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 1 0 3 4 5 2 0 1 6 2 2 4 0 0 0 0 0
19.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 1 0 3 4 5 2 0 1 6 2 2 5 0 0 0 0 0
20.	Relief from the Requirements for Audit Committees [Document Identifier 226]	 1 0 3 4 5 2 0 1 6 2 2 6 0 0 0 0 0

ANNUAL STATEMENT FOR THE YEAR 2016 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 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
											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		0200560	10/29/1991			01/01/1992	Medicomp 2	2,888,647	1,756,082	60.8	732	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
YES	PD010	P		0200560	10/29/1991			01/01/1992	Medicomp 1	41,410	71,977	173.8	23	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
YES	PD014	D		0204000	03/10/1992			06/01/2010	Medicomp D	479,759	378,463	78.9	102	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
									Insurance for One, Medicare Supplement Plan A – Attained Age								
YES	PD027	A		0034000	08/31/1994			06/01/2010	Insurance for One, Medicare Supplement Plan C – Attained Age	97,006	119,732	123.4	51	0	0	0.0	0
									Insurance for One, Medicare Supplement Plan F – Attained Age								
YES	PD028	C		0034000	08/31/1994			06/01/2010	Insurance for One, Medicare Supplement Plan I – Attained Age	10,609,305	6,827,154	64.4	3,384	0	0	0.0	0
									Insurance for One, Medicare Supplement Plan B – Attained Age								
YES	PD029	F		0034000	08/31/1994			06/01/2010	Insurance for One, Medicare Supplement Plan D – Attained Age	7,263,501	4,255,784	58.6	2,241	0	0	0.0	0
									Insurance for One, Medicare Supplement Plan E – Attained Age								
YES	PD030	I		0034000	08/31/1994			01/01/2006	Insurance for One, Medicare Supplement Plan G – Attained Age	476,859	388,628	81.5	136	0	0	0.0	0
									Insurance for One, Medicare Supplement Plan H – Attained Age								
YES	PD031	B		0034000	10/11/1994			06/01/2010	Health Maintenance Plan (Medicare Supplement product)	182,805	273,036	149.4	66	0	0	0.0	0
									Modernized MedSupp Plan A								
YES	PD032	D		0034000	10/11/1994			06/01/2010	Modernized MedSupp Plan F	248,098	242,228	97.6	79	0	0	0.0	0
									Modernized MedSupp Plan G								
YES	PD033	E		0034000	10/11/1994			06/01/2010	Modernized MedSupp Plan High F	36,580	88,865	242.9	12	0	0	0.0	0
YES	PD034	G		0034000	10/11/1994			06/01/2010		378,363	314,166	83.0	129	0	0	0.0	0
YES	PD035	H		0034000	10/11/1994			01/01/2006		153,285	270,507	176.5	44	0	0	0.0	0
YES	CG008	P		0200560	10/29/1991			01/01/1992		0	0	0.0	0	0	0	0.0	0
YES	WPPLANAM(09)–OH	A		0034060	06/01/2010					183,575	500,186	272.5	64	91,787	16,825	18.3	32
YES	WPPLANFM(09)–OH	F		0034000	06/01/2010					28,772,066	21,196,713	73.7	11,639	17,613,484	12,070,089	68.5	8,685
YES	WPPLANGM(09)–OH	G		0034000	06/01/2010					1,327,808	1,230,571	92.7	465	0	0	0.0	0
YES	WPPLANHFIM(09)–OH	F		0034000	06/01/2010					1,139,104	675,099	59.3	1,185	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
											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		.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	WPPLANFSelectM(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	WPPLANGSelectM(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	WPPLANNSelectM(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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