





HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2017  
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 Steven John Martenet # Vice President/Treasurer Robert David Kretschmer  
Vice President/Secretary Kathleen Susan Kiefer Assistant Secretary Kristin Kim Cherie Howard

OTHER

Eric (Rick) Kenneth Noble, Assistant Treasurer Denise Marie Meridith, Valuation Actuary

DIRECTORS OR TRUSTEES

Carter Allen Beck Ronald William Penczek Catherine Irene Kelaghan  
Kathleen Susan Kiefer Steven John Martenet #

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.

Steven John Martenet Kathleen Susan Kiefer Robert David Kretschmer  
President/Chairperson Vice President/Secretary Vice President/Treasurer

Subscribed and sworn to before me this 12th day of February 2018  
Kristine A Baumgartner

- 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 .....



KRISTINE A. BAUMGARTNER  
Notary Public, State of Ohio  
My Commission Expires  
September 3, 2019



SUPPLEMENT FOR THE YEAR 2017 OF THE Community Insurance Company

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2017  
(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 Sean Donohoe.....  
Title Associate Actuary..... Telephone Number 807-557-4153.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014				Policies Issued in 2015; 2016; 2017			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	PD003	P	NO	0200560	10/29/1991			01/01/1992	Medicomp 2	2,258,636	1,351,980	59.9	515	0	0	0.0	0
YES	PD009	P	NO	0204060	07/18/1990			01/01/1992	Mediplus Standard	27,158	9,022	33.2	8	0	8,867	0.0	0
YES	PD010	P	NO	0200560	10/29/1991			01/01/1992	Medicomp 1	35,249	29,767	84.4	20	0	0	0.0	0
YES	PD011	A	NO	0204060	03/10/1992			06/01/2010	Medicomp A	182,779	121,160	66.3	22	0	19,389	0.0	0
YES	PD014	D	NO	0204000	03/10/1992			06/01/2010	Medicomp D	425,054	196,632	46.3	83	0	35,712	0.0	0
YES	PD021	P	NO	0200560	01/21/1992			01/01/1992	Medicomp 3	134,231	58,054	43.2	16	0	18,333	0.0	0
									Insurance for One, Medicare Supplement Plan A – Attained Age								
YES	PD027	A	NO	0034000	08/31/1994			06/01/2010	Insurance for One, Medicare Supplement Plan A – Attained Age	75,569	23,648	31.3	36	7,445	25,921	348.2	6
									Insurance for One, Medicare Supplement Plan C – Attained Age								
YES	PD028	C	NO	0034000	08/31/1994			06/01/2010	Insurance for One, Medicare Supplement Plan C – Attained Age	9,445,826	4,330,325	45.8	2,780	714,543	2,487,466	348.1	234
									Insurance for One, Medicare Supplement Plan F – Attained Age								
YES	PD029	F	NO	0034000	08/31/1994			06/01/2010	Insurance for One, Medicare Supplement Plan F – Attained Age	6,199,907	3,025,171	48.8	1,884	1,044,942	1,260,821	120.7	235
									Insurance for One, Medicare Supplement Plan I – Attained Age								
YES	PD030	I	NO	0034000	08/31/1994			01/01/2006	Insurance for One, Medicare Supplement Plan I – Attained Age	467,004	110,109	23.6	118	0	112,611	0.0	0
									Insurance for One, Medicare Supplement Plan B – Attained Age								
YES	PD031	B	NO	0034000	10/11/1994			06/01/2010	Insurance for One, Medicare Supplement Plan B – Attained Age	150,734	83,553	55.4	50	18,356	27,565	150.2	5
									Insurance for One, Medicare Supplement Plan D – Attained Age								
YES	PD032	D	NO	0034000	10/11/1994			06/01/2010	Insurance for One, Medicare Supplement Plan D – Attained Age	220,651	144,326	65.4	65	25,964	16,872	65.0	10
									Insurance for One, Medicare Supplement Plan E – Attained Age								
YES	PD033	E	NO	0034000	10/11/1994			06/01/2010	Insurance for One, Medicare Supplement Plan E – Attained Age	38,927	17,079	43.9	12	0	15,086	0.0	0
									Insurance for One, Medicare Supplement Plan G – Attained Age								
YES	PD034	G	NO	0034000	10/11/1994			06/01/2010	Insurance for One, Medicare Supplement Plan G – Attained Age	336,306	146,857	43.7	101	33,237	59,536	179.1	9
									Insurance for One, Medicare Supplement Plan H – Attained Age								
YES	PD035	H	NO	0034000	10/11/1994			01/01/2006	Insurance for One, Medicare Supplement Plan H – Attained Age	154,861	84,869	54.8	45	0	0	0.0	0
									Health Maintenance Plan (Medicare Supplement product)								
YES	CG008	P	NO	0200560	10/29/1991			01/01/1992	Modernized MedSupp Plan A	0	0	0.0	0	0	0	0.0	0
YES	WPPLANAM(09)–OH	A	NO	0034060	06/01/2010				Modernized MedSupp Plan A	206,173	330,887	160.5	80	38,954	14,338	36.8	9
									Modernized MedSupp Plan F								
YES	WPPLANFM(09)–OH	F	NO	0034000	06/01/2010				Modernized MedSupp Plan F	31,918,480	19,154,604	60.0	13,166	19,036,890	15,807,250	83.0	7,369
									Modernized MedSupp Plan G								
YES	WPPLANGM(09)–OH	G	NO	0034000	06/01/2010				Modernized MedSupp Plan G	1,240,474	967,773	78.0	427	87,650	275,439	314.2	241
									Modernized MedSupp Plan High F								
YES	WPPLANHFIM(09)–OH	F	NO	0034000	06/01/2010				Modernized MedSupp Plan High F	1,088,235	292,254	26.9	1,052	13,454	139,168	1,034.4	11



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Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character- istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	WPPLANNM(09)-OH	N	NO	.0034000	.06/01/2010				Modernized MedSupp Plan N	4,786,638	2,971,495	62.1	2,846	2,461,967	2,062,108	83.8	1,440
YES	WPPLANFSelectM(11)-OH	F	YES	.0034000	.01/01/2012				Modernized Select MedSupp Plan F	2,109,546	2,350,592	111.4	1,066	2,246,651	600,455	26.7	998
YES	WPPLANHiFSelectM(11)-OH	F	YES	.0034000	.01/01/2012				Modernized Select MedSupp Plan High F	92,272	8,828	9.6	102	0	35,870	0.0	0
YES	WPPLANGSelectM(11)-OH	G	YES	.0034000	.01/01/2012				Modernized Select MedSupp Plan G	131,271	299,079	227.8	94	618,782	164,487	26.6	1,538
YES	WPPLANNSelectM(11)-OH	N	YES	.0034000	.01/01/2012				Modernized Select MedSupp Plan N	660,865	834,787	126.3	519	973,742	317,539	32.6	668
0199999. Total Experience on Individual Policies										62,386,846	36,942,851	59.2	25,107	27,322,577	23,504,833	86.0	12,773
YES	PD023	A	NO	.0030500	.06/14/1994			.06/01/2010	Insurance for One, Medicare Supplement Plan A	0	0	0.0	0	0	0	0.0	0
YES	PD024	C	NO	.0030500	.06/14/1994			.06/01/2010	Insurance for One, Medicare Supplement Plan C	55,245	55,686	100.8	16	0	0	0.0	0
YES	PD025	F	NO	.0030500	.06/14/1994			.06/01/2010	Insurance for One, Medicare Supplement Plan F	22,376	35,819	160.1	5	0	0	0.0	0
YES	PD026	I	NO	.0030500	.06/14/1994			.01/01/2006	Insurance for One, Medicare Supplement Plan I	0	0	0.0	0	0	0	0.0	0
YES	PD037	C	YES	.0234000	.07/26/1995			.06/01/2010	Insurance for One, Medicare Select Plan C	7,191,958	5,219,294	72.6	2,702	0	0	0.0	0
YES	PD038	F	YES	.0234000	.07/26/1995			.06/01/2010	Insurance for One, Medicare Select Plan F	1,961,180	1,625,766	82.9	849	0	0	0.0	0
YES	TA010	A	NO	.0234000	.09/09/1993			.06/01/2010	Insurance for One, Medicare Supplement Plan A	137,087	166,933	121.8	126	0	0	0.0	0
YES	TA011	C	NO	.0234000	.09/09/1993			.06/01/2010	Insurance for One, Medicare Supplement Plan C	14,834,686	11,804,849	79.6	5,411	0	0	0.0	0
YES	TA012	F	NO	.0234000	.09/09/1993			.06/01/2010	Insurance for One, Medicare Supplement Plan F	14,389,092	11,444,547	79.5	5,693	0	0	0.0	0
YES	TA013	I	NO	.0234000	.09/09/1993			.01/01/2006	Insurance for One, Medicare Supplement Plan I	960,588	779,280	81.1	367	0	0	0.0	0
0299999. Total Experience on Group Policies										39,552,212	31,132,174	78.7	15,169	0	0	0.0	0



SUPPLEMENT FOR THE YEAR 2017 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: Suzanne Durham 502-889-3456
- 4. Explain any policies identified above as policy type "O".