



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2017

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)			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	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
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.

Steven John Martenet
President/Chairperson

Kathleen Susan Kiefer
Vice President/Secretary

Robert David Kretschmer
Vice President/Treasurer

Subscribed and sworn to before me this
10th 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			14	Policies Issued in 2015; 2016; 2017			
										11	Incurred Claims			15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	PD003	P.	NO.	0200560	10/29/1991			01/01/1992	Medicomp 2	2,258,636	1,351,980	.59.9	515	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	
YES	PD010	P.	NO.	0200560	10/29/1991			01/01/1992	Medicomp 1	35,249	29,767	.84.4	20	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	
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	
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	
									Insurance for One, Medicare Supplement Plan A - Attained Age	75,569	23,648	.31.3	36	7,445	.25,921	.348.2	
									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	
									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	
									Insurance for One, Medicare Supplement Plan I - Attained Age	467,004	110,109	.23.6	118	0	112,611	0.0	
									Insurance for One, Medicare Supplement Plan B - Attained Age	150,734	83,553	.55.4	50	.18,356	.27,565	.150.2	
									Insurance for One, Medicare Supplement Plan D - Attained Age	220,651	144,326	.65.4	65	.25,964	.16,872	.65.0	
									Insurance for One, Medicare Supplement Plan E - Attained Age	38,927	17,079	.43.9	12	0	.15,086	0.0	
									Insurance for One, Medicare Supplement Plan G - Attained Age	336,306	146,857	.43.7	101	.33,237	.59,536	.179.1	
									Insurance for One, Medicare Supplement Plan H - Attained Age	154,861	.84,869	.54.8	45	0	0	0.0	
									Health Maintenance Plan (Medicare Supplement product) .....	.0	.0	.0.0	0	0	0	0.0
									Modernized MedSupp Plan A .....	.206,173	.330,887	.160.5	80	.38,954	.14,338	.36.8
									Modernized MedSupp Plan F .....	.31,918,480	.19,154,604	.60.0	13,166	.19,036,890	.15,807,250	.83.0
									Modernized MedSupp Plan G .....	.1,240,474	.967,773	.78.0	427	.87,650	.275,439	.314.2
									Modernized MedSupp Plan High F .....	.1,088,235	.292,254	.26.9	1,052	.13,454	.139,168	.1,034.4
																11	



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
											Premiums Earned	12	13	Percent of Premiums Earned	16	17	Percent of Premiums Earned
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name								
YES	WPPLANNM(09)-OH	N.	NO	0034000	06/01/2010				Modernized MedSupp Plan N	4,786,638	2,971,495	62.1	2,846	2,461,967	2,062,108	83.8	1,440
YES	WPPLANSelectM(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	WPPLANSelectM(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	WPPLANSelectM(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".