



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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Community Insurance Company

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

ANNUAL STATEMENT FOR THE YEAR 2017 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.	14,901,242	10,170,790	2,075,774	168,688	237,532	27,078,962
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed						
0199999. Total Pharmaceutical Rebate Receivables	14,901,242	10,170,790	2,075,774	168,688	237,532	27,078,962
myNexus	383,836	1,502,849	2,275,464	5,283,955	9,446,104	
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	4,210,829	1,975,823	996,959	3,396,768	10,580,379	
0299999. Total Claim Overpayment Receivables	4,594,665	3,478,672	3,272,423	8,680,723	20,026,483	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	6,504					6,504
0599999. Total Risk Sharing Receivables	6,504	0	0	0	0	6,504
Express Scripts, Inc.	6,830,045				6,830,045	
0699998. Aggregate Other Receivables Not Individually Listed	4,559	1,299	(1,360)	66,087	70,585	
0699999. Total Other Receivables	6,834,604	1,299	(1,360)	66,087	6,900,630	0
0799999 Gross health care receivables	26,337,015	13,650,761	5,346,837	8,915,498	27,164,645	27,085,466

ANNUAL STATEMENT FOR THE YEAR 2017 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	73,291,125	116,526,786	(634,092)	27,950,586	72,657,033	71,249,513
2. Claim overpayment receivables	13,823,050	60,066,908	1,376,960	18,649,523	15,200,010	10,264,183
3. Loans and advances to providers					0	0
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables	1,957	62,390	26	6,479	1,983	1,682
6. Other health care receivables	4,644,266	27,199,477	90,995	6,809,635	4,735,261	5,633,620
7. Totals (Lines 1 through 6)	91,760,398	203,855,561	833,889	53,416,223	92,594,287	87,148,998

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 2017 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	3,423,153	107,322	6,793	9,736	0	3,547,004
0399999. Aggregate accounts not individually listed-covered	180,265,095	4,010,020	253,799	363,778	3,568,525	188,461,217
0499999. Subtotals	183,688,248	4,117,342	260,592	373,514	3,568,525	192,008,221
0599999. Unreported claims and other claim reserves						331,476,899
0699999. Total amounts withheld						
0799999. Total claims unpaid						523,485,120
0899999 Accrued medical incentive pool and bonus amounts						18,249,608

ANNUAL STATEMENT FOR THE YEAR 2017 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, Inc.	36,778,162					36,778,162	
0199999. Individually listed receivables	36,778,162	0	0	0	0	36,778,162	0
0299999. Receivables not individually listed							
0399999 Total gross amounts receivable	36,778,162	0	0	0	0	36,778,162	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Community Insurance Company

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

ANNUAL STATEMENT FOR THE YEAR 2017 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	69,928,116	1.4	651,988	32.0		69,928,116
2. Intermediaries	0	0.0		0.0		0
3. All other providers	0	0.0		0.0		0
4. Total capitation payments	69,928,116	1.4	651,988	32.0	0	69,928,116
Other Payments:						
5. Fee-for-service	637,918,553	.13.2	XXX	XXX		637,918,553
6. Contractual fee payments	882,062,170	.18.2	XXX	XXX		882,062,170
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	3,107,270,716	64.2	XXX	XXX		3,107,270,716
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	144,673,457	3.0	XXX	XXX		144,673,457
12. Total other payments	4,771,924,896	98.6	XXX	XXX	0	4,771,924,896
13. TOTAL (Line 4 plus Line 12)	4,841,853,012	100%	XXX	XXX	0	4,841,853,012

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 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	38,475,161		38,196,871	278,290	(278,290)	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	13,301,948		1,979,581	11,322,367	(11,322,367)	
6. Total	51,777,109	0	40,176,452	11,600,657	(11,600,657)	0



ANNUAL STATEMENT FOR THE YEAR 2017 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
				Comprehensive (Hospital & Medical)		4	5	6	7	8	9		
		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	0	0
10. Hospital Patient Days Incurred		0											
11. Number of Inpatient Admissions		0											
12. Health Premiums Written (b)		0											
13. Life Premiums Direct		0											
14. Property/Casualty Premiums Written		0											
15. Health Premiums Earned		0											
16. Property/Casualty Premiums Earned		0											
17. Amount Paid for Provision of Health Care Services		(3,113)								(3,113)			
18. Amount Incurred for Provision of Health Care Services		(3,113)								(3,113)			

(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 \$



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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					2017	NAIC Company Code	10345			
				Comprehensive (Hospital & Medical)		4	5	6						
				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			1,841,214	70,331	439,189	53,075	208,796	170,922	154,648	136,909		607,344		
2. First Quarter			2,023,773	101,307	443,070	52,472	368,518	178,709	156,005	143,867		579,825		
3. Second Quarter			2,020,222	96,501	445,362	52,230	369,370	180,807	155,496	144,972		575,484		
4. Third Quarter			2,026,467	91,762	444,482	52,635	367,504	181,783	155,006	146,167		587,128		
5. Current Year			2,034,466	86,229	444,780	53,050	367,899	192,477	154,919	147,517		587,595		
6. Current Year Member Months			24,315,451	1,142,134	5,329,901	630,839	4,415,265	2,196,765	1,865,562	1,743,324		6,991,661		
Total Member Ambulatory Encounters for Year:														
7 Physician			6,789,600	496,870	1,878,108	767,255			1,317,829	2,329,538				
8. Non-Physician			5,833,090	275,098	1,490,060	717,797	142,479	238,213	780,968	2,188,475				
9. Total			12,622,690	771,968	3,368,168	1,485,052	142,479	238,213	2,098,797	4,518,013	0	0		
10. Hospital Patient Days Incurred			464,084	28,750	105,329	53,635			72,593	203,777				
11. Number of Inpatient Admissions			91,514	5,787	24,807	10,731			15,619	34,570				
12. Health Premiums Written (b)			5,747,354,334	532,590,735	2,272,873,239	129,607,149	23,402,324	53,671,677	1,117,903,739	1,422,080,544	1,500,000	193,724,927		
13. Life Premiums Direct			0											
14. Property/Casualty Premiums Written			0											
15. Health Premiums Earned			5,714,239,382	537,095,507	2,271,558,932	129,261,636	23,401,480	53,798,493	1,088,478,271	1,415,420,136	1,500,000	193,724,927		
16. Property/Casualty Premiums Earned			0											
17. Amount Paid for Provision of Health Care Services			4,841,856,125	417,086,106	1,874,771,634	95,353,132	16,232,820	38,801,105	1,026,875,208	1,227,624,118	477	145,111,525		
18. Amount Incurred for Provision of Health Care Services			4,846,152,795	435,529,287	1,884,272,882	91,579,858	16,963,156	39,043,578	1,030,109,478	1,206,243,883	(20)	142,410,693		

(a) For health business: number of persons insured under PPO managed care products 1,461,626 and number of persons insured under indemnity only products 53,974.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,422,080,544



ANNUAL STATEMENT FOR THE YEAR 2017 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				2017	NAIC Company Code	10345
			1	2	3	4	5	6			
		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		1,841,214	70,331	439,189	53,075	208,796	170,922	154,648	136,909	0	607,344
2. First Quarter		2,023,773	101,307	443,070	52,472	368,518	178,709	156,005	143,867	0	579,825
3. Second Quarter		2,020,222	96,501	445,362	52,230	369,370	180,807	155,496	144,972	0	575,484
4. Third Quarter		2,026,467	91,762	444,482	52,635	367,504	181,783	155,006	146,167	0	587,128
5. Current Year		2,034,466	86,229	444,780	53,050	367,899	192,477	154,919	147,517	0	587,595
6. Current Year Member Months		24,315,451	1,142,134	5,329,901	630,839	4,415,265	2,196,765	1,865,562	1,743,324	0	6,991,661
Total Member Ambulatory Encounters for Year:											
7 Physician		6,789,600	496,870	1,878,108	767,255	0	0	1,317,829	2,329,538	0	0
8. Non-Physician		5,833,090	275,098	1,490,060	717,797	142,479	238,213	780,968	2,188,475	0	0
9. Total		12,622,690	771,968	3,368,168	1,485,052	142,479	238,213	2,098,797	4,518,013	0	0
10. Hospital Patient Days Incurred		464,084	28,750	105,329	53,635	0	0	72,593	203,777	0	0
11. Number of Inpatient Admissions		91,514	5,787	24,807	10,731	0	0	15,619	34,570	0	0
12. Health Premiums Written (b)		5,747,354,334	532,590,735	2,272,873,239	129,607,149	23,402,324	53,671,677	1,117,903,739	1,422,080,544	1,500,000	193,724,927
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		5,714,239,382	537,095,507	2,271,558,932	129,261,636	23,401,480	53,798,493	1,088,478,271	1,415,420,136	1,500,000	193,724,927
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		4,841,853,012	417,086,106	1,874,771,634	95,353,132	16,232,820	38,801,105	1,026,875,208	1,227,621,005	477	145,111,525
18. Amount Incurred for Provision of Health Care Services		4,846,149,682	435,529,287	1,884,272,882	91,579,858	16,963,156	39,043,578	1,030,109,478	1,206,240,770	(20)	142,410,693

(a) For health business: number of persons insured under PPO managed care products 1,461,626 and number of persons insured under indemnity only products 53,974

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,422,080,544

ANNUAL STATEMENT FOR THE YEAR 2017 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 2017 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	2,717,590	0
1999999. Accident and Health - U.S. Non-Affiliates					2,717,590	0
2199999. Total Accident and Health - Non-Affiliates					2,717,590	0
2299999. Total Accident and Health					2,717,590	0
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					2,717,590	0
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
99999999 Totals - Life, Annuity and Accident and Health					2,717,590	0

Schedule S - Part 3 - Section 2

N O N E

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 2017 OF THE Community Insurance Company

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums .....	.0	798	939	1,400	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	1,213		20,160	26,721	
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable .....	.0	2,144	2,344	3,702	0
8. Reinsurance recoverable on paid losses	2,718	14,857	15,187	23,019	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 2017 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)	1,099,572,208		1,099,572,208
2. Accident and health premiums due and unpaid (Line 15)	241,120,717		241,120,717
3. Amounts recoverable from reinsurers (Line 16.1)	2,717,590	(2,717,590)	0
4. Net credit for ceded reinsurance	XXX	2,717,590	2,717,590
5. All other admitted assets (Balance)	646,973,308		646,973,308
6. Total assets (Line 28)	1,990,383,823	0	1,990,383,823
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	523,485,120		523,485,120
8. Accrued medical incentive pool and bonus payments (Line 2)	18,249,608		18,249,608
9. Premiums received in advance (Line 8)	39,038,397		39,038,397
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)	579,635,253		579,635,253
15. Total liabilities (Line 24)	1,160,408,378	0	1,160,408,378
16. Total capital and surplus (Line 33)	829,975,445	XXX	829,975,445
17. Total liabilities, capital and surplus (Line 34)	1,990,383,823	0	1,990,383,823
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid		0	0
19. Accrued medical incentive pool		0	0
20. Premiums received in advance		0	0
21. Reinsurance recoverable on paid losses		2,717,590	2,717,590
22. Other ceded reinsurance recoverables		0	0
23. Total ceded reinsurance recoverables		2,717,590	2,717,590
24. Premiums receivable		0	0
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers		0	0
26. Unauthorized reinsurance		0	0
27. Reinsurance with Certified Reinsurers		0	0
28. Funds held under reinsurance treaties with Certified Reinsurers		0	0
29. Other ceded reinsurance payables/offsets		0	0
30. Total ceded reinsurance payables/offsets		0	0
31. Total net credit for ceded reinsurance		2,717,590	2,717,590

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 2017 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-tion-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	NIA	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	NIA	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		16168	81-4131800		AMERIGROUP Delaware, Inc.		DE	NIA	Anthem Partnership Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		82-3743168			Amerigroup District of Columbia, Inc.		DC	IA	Anthem Partnership Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		82-3743168			Amerigroup Health Plan of Louisiana, Inc.		LA	NIA	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		82-3501839			Amerigroup Health Plan of Oregon, Inc.		OR	NIA	AMERIGROUP Corporation	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.		45-4985009			Amerigroup IPA of New York, LLC		NY	NIA	CareMore, LLC	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	51-0387398		AMERIGROUP Maryland, Inc.		MD	IA	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		82-3434470			Amerigroup Michigan, Inc.		MI	NIA	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		16145	81-4626605		Amerigroup Mississippi, Inc.		MS	IA	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	NIA	Health Ventures Partner, L.L.C.	Ownership	75.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		36-3897080			Amerigroup Partnership Plan, LLC		IL	IA	UNICARE Illinois Services, Inc.	Ownership	25.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		82-3734368			Amerigroup Pennsylvania, Inc.		PA	NIA	AMERIGROUP Corporation	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	
.0671	Anthem, Inc.		62825	95-4331852		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	NIA	Associated Group, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		26-1498094			Anthem Health Insurance Company of Nevada		NV	NIA	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.		61-1459939			Anthem Holding Corp.		IN	NIA	Anthem, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		35-2145715		6324	New York Stock Exchange (NYSE)		IN	UIP				Anthem, Inc.	N	
.0671	Anthem, Inc.		28207	35-0781558		Anthem, Inc.		IN	IA	Anthem, Inc.	Ownership	100.00	Anthem, Inc.	Y	.0108
.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	
.0671	Anthem, Inc.		61069	35-0980405						Rocky Mountain Hospital and Medical Service, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		81-3974489			Anthem Life Insurance Company		IN	IA	Anthem, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		32-0031791			Anthem Merger Sub Corp.		DE	IA	Anthem, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		35-2129194			Anthem Partnership Holding Company, LLC		DE	IA	Anthem, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		30-0606541			Anthem Southeast, Inc.		IN	NIA	Anthem, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		30-0606541			Anthem UM Services, Inc.		IN	NIA	UNICARE Specialty Services, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.					Anthem Workers' Compensation, LLC		IN	NIA	Anthem Blue Cross Life and Health Insurance Company	Ownership	75.00	Anthem, Inc.	N	
.0671	Anthem, Inc.					Anthem Workers' Compensation, LLC		IN	NIA	HealthLink, Inc.	Ownership	25.00	Anthem, Inc.	N	
.0671	Anthem, Inc.					Applied Pathways, LLC		IL	NIA	American Imaging Management, Inc./HEP AP Holdings, Inc.	Ownership	100.00	Anthem, Inc.	N	.0107
.0671	Anthem, Inc.		95-4640529			Arcus Enterprises, Inc.		DE	NIA	Anthem Holding Corp.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		35-1292384			Associated Group, Inc.		IN	NIA	Anthem Insurance Companies, Inc.	Ownership	100.00	Anthem, Inc.	N	

ANNUAL STATEMENT FOR THE YEAR 2017 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.		11-3713086			ATH Holding Company, LLC		IN	UDP	Anthem, 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	
..0671	Anthem, Inc.	96962	58-1638390			Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.		GA	IA	Cerulean Companies, Inc.	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.	54003	39-0138065			Blue Cross Blue Shield of Wisconsin		WI	IA	Crossroads Acquisition Corp.	Ownership	100.00	Anthem, Inc.	Y	
..0671	Anthem, Inc.		95-3760980			Blue Cross of California		CA	IA	WellPoint California Services, Inc.	Ownership	100.00	Anthem, Inc.	N	.0101
..0671	Anthem, Inc.		20-2994048			Blue Cross of California Partnership Plan, Inc.		CA	IA	Blue Cross of California	Ownership	100.00	Anthem, Inc.	N	.0102
..0671	Anthem, Inc.		95-4694706			CareMore Health Plan		CA	IA	CareMore Health System	Ownership	100.00	Anthem, Inc.	N	.0103
..0671	Anthem, Inc.	13562	38-3795280			CareMore Health Plan of Arizona, Inc.		AZ	IA	CareMore Health System	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.	13605	26-4001602			CareMore Health Plan of Nevada		NV	IA	CareMore Health System	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.		27-1625392			CareMore Health Plan of Texas, Inc.		TX	NIA	CareMore Health System	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.		32-0373216			CareMore, LLC		IN	NIA	CareMore Health System	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.		20-2076421			CareMore Health System		CA	NIA	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.		46-0613946			CareMore Services Company, LLC		IN	NIA	The Anthem Companies, Inc.	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.		58-2217138			Cerulean Companies, Inc.		GA	NIA	Anthem Holding Corp.	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.		39-1413702			Claim Management Services, Inc.		WI	NIA	Blue Cross Blue Shield of Wisconsin	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					CCHA, LLC		CO	NIA	Anthem Partnership Holding Company, LLC	Ownership	50.00	Anthem, Inc.	N	.0107
..0671	Anthem, Inc.	14064	26-4674149			Community Care Health Plan of Louisiana, Inc.		LA	IA	Anthem Partnership Holding Company, LLC	Ownership	80.00	Anthem, Inc.	N	.0109
..0671	Anthem, Inc.	10345	31-1440175			Community Insurance Company		OH	RE	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.	95693	39-1462554			CompCare Health Services Insurance Corporation		WI	IA	Blue Cross Blue Shield of Wisconsin	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.		20-0334650			Crossroads Acquisition Corp.		DE	NIA	Anthem Holding Corp.	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.		41-1905556			DeCare Analytics, LLC		MN	NIA	DeCare Dental, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.		02-0574609			DeCare Dental Health International, LLC		MN	NIA	DeCare Dental, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.		73-1665525			DeCare Dental Insurance Ireland, Ltd.		IRL	NIA	DeCare Dental, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.		01-0822645			DeCare Dental Networks, LLC		MN	NIA	DeCare Dental, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					DeCare Dental, LLC		MN	NIA	Anthem Holding Corp.	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					DeCare Operations Ireland, Limited		IRL	NIA	DeCare Dental, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.		26-2544715			Delivery Network, LLC		FL	NIA	HealthSun Holdings, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					Designated Agent Company, Inc.		KY	NIA	Anthem Health Plans of Kentucky, Inc.	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					EasyScripts LLC		FL	NIA	HealthSun Holdings, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.		13-3934328			EHC Benefits Agency, Inc.		NY	NIA	WellPoint Holding Corp.	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.	55093	23-7391136			Empire HealthChoice Assurance, Inc.		NY	IA	WellPoint Holding Corp.	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.	95433	13-3874803			Empire HealthChoice HMO, Inc.		NY	IA	Empire HealthChoice Assurance, Inc.	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.		26-4286154			Federal Government Solutions, LLC		WI	NIA	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.		95-2907752			Golden West Health Plan, Inc.		CA	IA	WellPoint California Services, Inc.	Ownership	100.00	Anthem, Inc.	N	.0104
..0671	Anthem, Inc.	97217	58-1473042			Greater Georgia Life Insurance Company		GA	IA	Blue Cross and Blue Shield of Georgia, Inc.	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.		51-0365660			Health Core, Inc.		DE	NIA	Arcus Enterprises, Inc.	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.		54-1237939			Health Management Corporation		VA	NIA	Southeast Services, Inc.	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.		36-3897701			Health Ventures Partner, L.L.C.		IL	NIA	UNICARE National Services, Inc.	Ownership	100.00	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	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.		43-1364135			HealthLink, Inc.		IL	NIA	RightCHOICE Managed Care, Inc.	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.		13-3865627			HealthPlus HP, LLC		NY	IA	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N	.0100
..0671	Anthem, Inc.					HealthSun Blocker Corp. I		DE	NIA	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.	10122	20-0982649			HealthSun Blocker Corp. II		DE	NIA	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					HealthSun Health Plans, Inc.		FL	IA	Highland Acquisition Holdings, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					HealthSun Holdings, LLC		FL	NIA	HealthSun Management, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					HealthSun Management, LLC		FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					HealthSun Physicians Network, LLC		FL	NIA	Delivery Network, LLC	Ownership	100.00	Anthem, Inc.	N	

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Community Insurance Company

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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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.					HealthSun Physicians Network I, LLC		FL	N/A	HealthSun Physicians Network, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					Healthware Solutions, LLC		FL	N/A	HealthSun Holdings, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.	78972	86-0257201			Healthy Alliance Life Insurance Company		MO	N/A	RightCHOICE Managed Care, Inc.	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					HEP AP Holdings, Inc.		DE	N/A	Imaging Management Holdings, L.L.C.	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					Highland Holdco, Inc.		DE	N/A	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					Highland Acquisition Holdings, LLC		DE	N/A	Highland Intermediate Holdings, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					Highland Intermediate Holdings, LLC		DE	N/A	Highland Investor Holdings, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					Highland Investor Holdings, LLC		DE	N/A	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.									Rocky Mountain Hospital and Medical Service, Inc.	Ownership	100.00	Anthem, Inc.	Y	0108
..0671	Anthem, Inc.	95473	84-1017384			HMO Colorado, Inc.		CO	IA	RightCHOICE Managed Care, Inc.	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.	95358	37-1216698			HMO Missouri, Inc.		MO	N/A	HealthSun Holdings, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					Human Resource Associates, LLC		FL	N/A	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					Imaging Management Holdings, L.L.C.		DE	N/A	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					IngeniOrX, Inc.		IN	N/A	Newco Holdings, Inc.	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					Legato Health Technologies LLC		IN	N/A	Legato Holdings I, Inc.	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					Legato Holdings I, Inc.		IN	N/A	Anthem, Inc.	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					Legato Holdings II, Inc.		IN	N/A	Legato Holdings I, Inc.	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					Living Complete Technologies, Inc.		MD	N/A	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					Marketing in Motion Corp., LLC		FL	N/A	HealthSun Holdings, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.									Anthem Health Plans of New Hampshire, Inc.	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.	95527	02-0494919			Matthew Thornton Health Plan, Inc.		NH	IA						
..0671	Anthem, Inc.									Compcare Health Services Insurance	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					Meridian Resource Company, LLC		WI	N/A	Corporation	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					National Government Services, Inc.		IN	N/A	Federal Government Solutions, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					National Telehealth Network, LLC		DE	N/A	SellCore, Inc.	Ownership	50.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					New England Research Institute, Inc.		MA	N/A	Health Core, Inc.	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					Newco Holdings, Inc.		IN	N/A	Anthem, Inc.	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					NGS Federal, LLC		IN	N/A	Federal Government Solutions, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					Park Square Holdings, Inc.		CA	N/A	WellPoint California Services, Inc.	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					Park Square I, Inc.		CA	N/A	WellPoint California Services, Inc.	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					Park Square II, Inc.		CA	N/A	WellPoint California Services, Inc.	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					Pasteur Medical Birds Road, LLC		FL	N/A	Pasteur Medical Holdings, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					Pasteur Medical Center, LLC		DE	N/A	HealthSun Holdings, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					Pasteur Medical Cutler Bay, LLC		FL	N/A	Pasteur Medical Holdings, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					Pasteur Medical Group, LLC		FL	N/A	Pasteur Medical Holdings, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					Pasteur Medical Hialeah Gardens, LLC		FL	N/A	Pasteur Medical Holdings, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					Pasteur Medical Holdings, LLC		FL	N/A	HealthSun Holdings, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					Pasteur Medical Kendall, LLC		FL	N/A	Pasteur Medical Holdings, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					Pasteur Medical Management, LLC		FL	N/A	Pasteur Medical Holdings, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					Pasteur Medical Miami Gardens, LLC		FL	N/A	Pasteur Medical Holdings, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					Pasteur Medical North Miami Beach, LLC		FL	N/A	Pasteur Medical Holdings, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					Pasteur Medical Partners, LLC		FL	N/A	HealthSun Holdings, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					Pasteur Pharmacy, LLC		FL	N/A	HealthSun Holdings, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					Pasteur Pharmacy II, LLC		FL	N/A	HealthSun Holdings, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					Pasteur Pharmacy III, LLC		FL	N/A	HealthSun Holdings, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					Pasteur Pharmacy IV, LLC		FL	N/A	HealthSun Holdings, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					Pasteur Pharmacy V, LLC		FL	N/A	HealthSun Holdings, LLC	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					Resolution Health, Inc.		DE	N/A	Anthem Southeast, Inc.	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					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.					SellCore, Inc.		DE	N/A	Anthem, Inc.	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.	13726	20-0473316			Simply Healthcare Plans, Inc.		FL	IA	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N	
..0671	Anthem, Inc.					Southeast Services, Inc.		VA	N/A	Anthem Southeast, Inc.	Ownership	100.00	Anthem, Inc.	N	

ANNUAL STATEMENT FOR THE YEAR 2017 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.	45-4071004				State Sponsored DM 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.					TPX LLC	FL	N/A	HealthSun Holdings, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.	43-1967924				TrustSolutions, LLC	WI	N/A	Federal Government Solutions, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.	11810	84-1620480			UNICARE Health Plan of West Virginia, Inc.	WV	N/A	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	N/A	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.		82-3300542			Value, Inc.	IN	N/A	IngenioRX, Inc.	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.					WellMax Health Medical Centers, LLC	FL	N/A	Delivery Network, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.					WellMax Health Physicians Network, LLC	FL	N/A	Delivery Network, LLC	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	Federal Government Solutions, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.	15929	47-5569628			Wisconsin Collaborative Insurance Company	WI	N/A	Crossroads Acquisition Corp.	Ownership	50.00	Anthem, Inc.	N	.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.	N	.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
0109	20% owned by an unaffiliated investor
0110	Legato Health Technologies LLP is a Limited Liability Partnership formed under the laws of India, and is 99% owned by Legato Holdings I, Inc. an Indiana corporation, and 1% owned by Legato Holdings II, LLC, an Indiana Limited Liability company.

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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.						(36,402,585)				(36,402,585)	
12354	20-2073598	AMERIGROUP Community Care of New Mexico, Inc.					(2,042,768)				(2,042,768)	
	54-1739323	AMERIGROUP Corporation					62,560,496				62,560,496	
16168	81-4131800	AMERIGROUP District of Columbia, Inc.		16,500,000			(5,544,305)				10,955,695	
.95093	65-0318864	AMERIGROUP Florida, Inc.					(114,378,590)				(114,378,590)	
14078	45-2485907	AMERIGROUP Insurance Company		15,000,000			(110,766,770)				(95,766,770)	
15807	47-3863197	AMERIGROUP Iowa, Inc.		60,000,000			(9,607,321)				50,392,679	
14276	45-3358287	AMERIGROUP Kansas, Inc.					(55,768,249)				(55,768,249)	
.95832	51-0387398	AMERIGROUP Maryland, Inc.	(40,000,000)				(116,315,796)				(156,315,796)	
16145	81-4626605	AMERIGROUP Mississippi, Inc.		4,000,000			(3,166)				3,996,834	
12586	20-3317697	AMERIGROUP Nevada, Inc.					(62,483,499)				(62,483,499)	
.95373	22-3375292	AMERIGROUP New Jersey, Inc.	(50,300,000)				(127,187,551)				(177,487,551)	
10767	13-4212818	AMERIGROUP Ohio, Inc.					(10,328)				(10,328)	
15994	81-2781685	AMERIGROUP Oklahoma, Inc.		1,599,310			(674)				1,598,636	
	36-3897080	Amerigroup Partnership Plan, LLC					(29,777,643)				(29,777,643)	
12941	20-4776597	AMERIGROUP Tennessee, Inc.					(186,995,325)				(186,995,325)	
.95314	75-2603231	AMERIGROUP Texas, Inc.	(75,000,000)				(365,728,113)				(440,728,113)	
14073	27-3510384	AMERIGROUP Washington, Inc.	(13,400,000)				(59,493,687)				(72,893,687)	
12229	06-1696189	AMGP Georgia Managed Care Company, Inc.	(14,700,000)				(147,191,202)				(161,891,202)	
.15543	47-0992859	Anthem Kentucky Managed Care Plan, Inc.					(58,789,617)				(58,789,617)	
62825	95-4331852	Anthem Blue Cross Life and Health Insurance Company, Inc.	(281,400,000)				(928,573,067)	(17,878,168)			(1,227,851,235)	6,534,974
.95120	61-1237516	Anthem Health Plans of Kentucky, Inc.	(121,300,000)				(376,608,547)				(497,908,547)	
.52618	31-1705652	Anthem Health Plans of Maine, Inc.	(19,000,000)				(106,565,190)	(57,842)			(125,623,032)	
.53759	02-0510530	Anthem Health Plans of New Hampshire, Inc.	(5,000,000)				(51,021,649)				(56,021,649)	
.71835	54-0357120	Anthem Health Plans of Virginia, Inc.	(226,900,000)				(556,364,177)	4,947,698			(778,316,479)	.185,829
.60217	06-1475928	Anthem Health Plans, Inc.					(290,650,015)				(290,650,015)	
.28207	35-0781558	Anthem Insurance Companies, Inc.	(204,357,727)				(1,259,186,755)	16,685,696			(1,446,858,786)	(1,410,021)
.13573	20-5876774	Anthem Life and Disability Insurance Company					(1,063,056)				(1,063,056)	
.61069	35-0980405	Anthem Life Insurance Company					(36,265,594)	36,633,578			367,984	(32,166,784)
.81-3974489	Anthem Partnership Holding Company, LLC		2,372,357,727	(124,801,841)			7,940,718				7,940,718	
.35-2145715	Anthem, Inc.						5,188,175,559				7,435,731,445	
.11-3713086	ATH Holding Company, LLC						(47,327,045)				(47,327,045)	
.15480	20-4889378	Better Health, Inc.					(30,483,492)				(30,483,492)	
.54801	58-0469845	Blue Cross and Blue Shield of Georgia, Inc.	(44,000,000)				(351,921,313)				(395,921,313)	
.96962	58-1638390	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	(31,000,000)				(458,401,358)				(489,401,358)	
.54003	39-0138065	Blue Cross Blue Shield of Wisconsin	(70,000,000)				(124,407,526)				(194,407,526)	
.95-3760980	Blue Cross of California		(200,000,000)				(1,147,842,785)				(1,347,842,785)	

ANNUAL STATEMENT FOR THE YEAR 2017 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)	
20-2994048	Blue Cross of California Partnership		(200,000,000)			(275,516,163)					(475,516,163)		
95-4694706	Caremore Health Plan		(60,000,000)			(179,435,814)					(239,435,814)		
13562	38-3975280	Caremore Health Plan of Arizona, Inc.				(45,672,403)					(45,672,403)		
13605	26-4001602	Caremore Health Plan of Nevada		2,500,000		(25,228,209)					(22,728,209)		
32-0373216	32-0373216	CareMore, LLC				(13,167,803)					(13,167,803)		
14064	26-4674149	Community Care Health Plan of Louisiana, Inc.				(91,835,287)					(71,733,106)		
10345	31-1440175	Community Insurance Company	(319,100,000)	20,102,181		(879,425,711)					(1,198,525,711)		
95693	39-1462554	Compcare Health Services Insurance Corporation	(25,000,000)			(84,182,435)					(109,182,435)		
01-0822645	01-0822645	DeCare Dental, LLC				(53,501,517)					(53,501,517)		
30-0478573	30-0478573	EasyScripts LLC				12,719,738					12,719,738		
55093	23-7391136	Empire HealthChoice Assurance, Inc.	(15,000,000)			(519,208,265)					(534,208,265)		
95433	13-3874803	Empire HealthChoice HMO, Inc.	15,000,000			(98,546,181)					(83,546,181)		
95217	95-2907752	Golden West Health Plan, Inc.				(110,119)					(110,119)		
	58-1473042	Greater Georgia Life Insurance Company				(6,261,104)					(6,261,104)		
	51-0365660	Health Core, Inc.				(24,852,358)					(24,852,358)		
	54-1356687	HealthKeepers, Inc.	(60,000,000)			(393,988,588)	(4,947,698)				(458,936,286)	(185,829)	
	96475	43-1616135	HealthLink HMO, Inc.	(10,000,000)		5,860,180					(4,139,820)		
	43-1364135	HealthLink, Inc.				(59,848,803)					(59,848,803)		
	13-3865627	HealthPlus LLC				(234,993,543)					(234,993,543)		
10122	20-0982649	HealthSun Health Plans, Inc.		21,572,946		(359,436,423)					(337,863,477)		
78972	86-0257201	Healthy Alliance Life Insurance Company	(144,900,000)			(338,023,083)					(482,923,083)		
	81-3471305	Highland Acquisition Holdings LLC		(21,572,946)							(21,572,946)		
	84-1017384	HMO Colorado, Inc.				(68,183,216)					(68,183,216)		
	95358	37-1216698	HMO Missouri, Inc.	(25,000,000)		(19,674,593)					(44,674,593)		
	98-0408753	HTH Re, LTD					(853,520)				(853,520)	228,617	
	46-4248503	Human Resource Associates, LLC				435,550					435,550		
	95527	02-0494919	Matthew Thornton Health Plan, Inc.	(25,000,000)			(71,626,392)					(96,626,392)	
	27-2810478	Pasteur Medical Management LLC (Centers)				215,676,048					215,676,048		
	11011	84-0747736	Rocky Mountain Hospital and Medical Service, Inc.	(80,000,000)			(240,961,511)					(320,961,511)	
	13726	27-0945036	Simply Healthcare Plans, Inc.				(189,013,285)					(189,013,285)	
	45-5443372	The Anthem Companies of California, Inc.					155,867,899					155,867,899	
	35-1835818	The Anthem Companies, Inc.					5,517,045,319					5,517,045,319	
	45-2541383	The Medical City LLC				2,348,621					2,348,621		
	11810	84-1620480	UNICARE Health Plan of West Virginia, Inc.				(48,115,740)					(48,115,740)	
	80314	52-0913817	UNICARE Life & Health Insurance Company	(27,000,000)			(61,417,524)	(34,529,744)				(122,947,268)	26,813,214
	20-0660775	WellMax Health Delivery Network, LLC				128,256,466					128,256,466		
	45-2736438	WellPoint Information Technology Services					334,404,028					334,404,028	
	47-2546820	WellPoint Military Care Corporation					20,717,020					20,717,020	

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

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15929	47-5569628	Wisconsin Collaborative Insurance Company		5,100,350				(14,612,814)			(9,512,464)	
9999999 Control Totals			0	0	0	0	0	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2017 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 Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
14. 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
15. 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
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
17. 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
18. 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
19. 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
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22. 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
23. 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
24. 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.	
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20.	
21.	
Bar Codes:	
12. Life Supplement [Document Identifier 205]	 1 0 3 4 5 2 0 1 7 2 0 5 0 0 0 0 0 0
13. SIS Stockholder Information Supplement [Document Identifier 420]	 1 0 3 4 5 2 0 1 7 4 2 0 0 0 0 0 0 0
14. Participating Opinion for Exhibit 5 [Document Identifier 371]	 1 0 3 4 5 2 0 1 7 3 7 1 0 0 0 0 0 0
15. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	 1 0 3 4 5 2 0 1 7 3 7 0 0 0 0 0 0 0
16. Medicare Part D Coverage Supplement [Document Identifier 365]	 1 0 3 4 5 2 0 1 7 3 7 6 5 0 0 0 0 0 0
17. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 1 0 3 4 5 2 0 1 7 3 7 6 5 0 0 0 0 0 0
18. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 1 0 3 4 5 2 0 1 7 2 2 4 0 0 0 0 0 0 0
19. Relief from the Requirements for Audit Committees [Document Identifier 226]	 1 0 3 4 5 2 0 1 7 2 2 5 0 0 0 0 0 0 0
20. Long-Term Care Experience Reporting Forms [Document Identifier 306]	 1 0 3 4 5 2 0 1 7 2 2 6 0 0 0 0 0 0 0
21. Life Supplement [Document Identifier 211]	 1 0 3 4 5 2 0 1 7 2 1 1 0 0 0 0 0 0 0



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.	0200560	10/29/1991			01/01/1992	Medicomp 2	2,258,636	1,351,980	.59.9	515	0	0	0	0.0	0
YES	PD009	P.	0204060	.07/18/1990			01/01/1992	Mediplus Standard	27,158	9,022	.33.2	8	0	8,867	0	0.0	0
YES	PD010	P.	0200560	10/29/1991			01/01/1992	Medicomp 1	35,249	29,767	.84.4	20	0	0	0	0.0	0
YES	PD011	A.	0204060	.03/10/1992			06/01/2010	Medicomp A	182,779	121,160	.66.3	22	0	19,389	0	0.0	0
YES	PD014	D.	0204000	.03/10/1992			06/01/2010	Medicomp D	425,054	196,632	.46.3	83	0	35,712	0	0.0	0
YES	PD021	P.	0200560	.01/21/1992			01/01/1992	Medicomp 3	134,231	58,054	.43.2	16	0	18,333	0	0.0	0
YES	PD027	A.	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	
YES	PD028	C.	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	
YES	PD029	F.	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	
YES	PD030	I.	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	
YES	PD031	B.	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	
YES	PD032	D.	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	
YES	PD033	E.	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	
YES	PD034	G.	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	
YES	PD035	H.	0034000	10/11/1994			01/01/2006	Health Maintenance Plan (Medicare Supplement product)	154,861	84,869	.54.8	45	0	0	0.0	0	
YES	CG008	P.	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.	0034060	.06/01/2010				Modernized MedSupp Plan F	206,173	330,887	.160.5	80	38,954	14,338	.36.8	.9	
YES	WPPLANFM(09)-OH	F.	0034000	.06/01/2010				Modernized MedSupp Plan G	31,918,480	19,154,604	.60.0	13,166	19,036,890	15,807,250	.83.0	7,369	
YES	WPPLANGM(09)-OH	G.	0034000	.06/01/2010				Modernized MedSupp Plan High F	1,240,474	967,773	.78.0	427	87,650	275,439	.314.2	241	
YES	WPPLANHFM(09)-OH	F.	0034000	.06/01/2010				Modernized MedSupp Plan	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		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	Amount	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	4,786,638	2,971,495	62.1	2,846	2,461,967	2,062,108	83.8	1,440
YES	WPPLANSelectM(11)-OH	F.		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.		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.		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.		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.		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	55,245	55,686	100.8	16	0	0	0.0	0
YES	PD025	F.		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.		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	7,191,958	5,219,294	72.6	2,702	0	0	0.0	0
YES	PD038	F.		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.		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.		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.		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.		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".

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