



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2018
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)			
Mail Address	N17 W24340 Riverwood Drive (Street and Number or P.O. Box)		Waukesha, WI, US 53188 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	N17 W24340 Riverwood Drive (Street and Number)		Waukesha, WI, US 53188 (City or Town, State, Country and Zip Code)			
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	Vincent Edward Scher #		
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						
Laurie Helm Benintendi #	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

Vincent Edward Scher
Vice President/Treasurer

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 _____

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



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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Community Insurance Company

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

ANNUAL STATEMENT FOR THE YEAR 2018 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.	19,273,700	10,719,281	25,819,384	(638,591)		55,173,774
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed						
0199999. Total Pharmaceutical Rebate Receivables	19,273,700	10,719,281	25,819,384	(638,591)	0	55,173,774
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	5,564,641	3,505,748	961,884	11,365,759	21,398,032	0
0299999. Total Claim Overpayment Receivables	5,564,641	3,505,748	961,884	11,365,759	21,398,032	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	8,605	0	0	0	8,605	0
0599999. Total Risk Sharing Receivables	8,605	0	0	0	8,605	0
0699998. Aggregate Other Receivables Not Individually Listed	8,153,696	0	5,839	20,178	8,155,982	23,731
0699999. Total Other Receivables	8,153,696	0	5,839	20,178	8,155,982	23,731
0799999 Gross health care receivables	33,000,642	14,225,029	26,787,107	10,747,346	29,562,619	55,197,505

ANNUAL STATEMENT FOR THE YEAR 2018 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	19,516,006	99,590,532	(1,022,635)	56,196,409	18,493,371	27,316,494
2. Claim overpayment receivables	36,948,332	52,593,830	7,746,281	13,651,751	44,694,613	20,026,483
3. Loans and advances to providers					0	0
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables	3,467		250	8,355	3,717	6,505
6. Other health care receivables	5,902,134	15,073,313	107,564	8,072,149	6,009,698	6,900,630
7. Totals (Lines 1 through 6)	62,369,939	167,257,675	6,831,460	77,928,664	69,201,399	54,250,112

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 2018 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	1,355,880	56,691	9,015	4,323	477	1,426,386
0399999. Aggregate accounts not individually listed-covered	81,086,989	3,300,719	830,626	587,522	3,060,778	88,866,634
0499999. Subtotals	82,442,869	3,357,410	839,641	591,845	3,061,255	90,293,020
0599999. Unreported claims and other claim reserves						375,255,103
0699999. Total amounts withheld						
0799999. Total claims unpaid						465,548,123
0899999 Accrued medical incentive pool and bonus amounts						21,977,774

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Community Insurance Company

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

NONE

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Community Insurance Company

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Anthem, Inc.	Corporate services	64,964,240	64,964,240	
0199999. Individually listed payables		64,964,240	64,964,240	0
0299999. Payables not individually listed		0		
0399999 Total gross payables		64,964,240	64,964,240	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Community Insurance Company

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0			0.0	0
2. Intermediaries	16,390,334	0.3	179,145	9.1		16,390,334
3. All other providers	90,143,773	1.9	610,558	31.2		90,143,773
4. Total capitation payments	106,534,107	2.2	789,703	40.3	0	106,534,107
Other Payments:						
5. Fee-for-service	556,676,548	.11.7	XXX	XXX		556,676,548
6. Contractual fee payments	814,223,251	.17.1	XXX	XXX		814,223,251
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	3,112,723,954	65.4	XXX	XXX		3,112,723,954
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	165,997,128	3.5	XXX	XXX		165,997,128
12. Total other payments	4,649,620,881	97.8	XXX	XXX	0	4,649,620,881
13. TOTAL (Line 4 plus Line 12)	4,756,154,988	100%	XXX	XXX	0	4,756,154,988

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
	Liberty Dental Plan Corporation	14,491,395	1,207,616		
	Logisticare Solutions	1,898,939	158,245		
99999999 Totals		16,390,334	XXX	XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2018 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	32,365,908		32,088,092	277,816	277,816	0
2. Medical furniture, equipment and fixtures	0		0	0	0	0
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	16,116,025	3,356,628	3,565,656	15,906,997	15,906,997	0
6. Total	48,481,933	3,356,628	35,653,748	16,184,813	16,184,813	0



ANNUAL STATEMENT FOR THE YEAR 2018 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				0							
3. Second Quarter		33				33							
4. Third Quarter		325				325							
5. Current Year		599				599							
6. Current Year Member Months		2,188			2,188								
Total Member Ambulatory Encounters for Year:													
7 Physician		1,988				1,988							
8. Non-Physician		2,059				2,059							
9. Total		4,047	0	0	4,047	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		297				297							
11. Number of Inpatient Admissions		56				56							
12. Health Premiums Written (b)		341,147				341,147							
13. Life Premiums Direct		0											
14. Property/Casualty Premiums Written		0											
15. Health Premiums Earned		341,147				341,147							
16. Property/Casualty Premiums Earned		0											
17. Amount Paid for Provision of Health Care Services		219,986				220,036				(50)			
18. Amount Incurred for Provision of Health Care Services		338,713				338,763				(50)			

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 599 .

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Community Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Community Insurance Company

2. Mason, OH

(LOCATION)

NAIC Group Code	0671	BUSINESS IN THE STATE OF	Ohio	DURING THE YEAR					2018	NAIC Company Code	10345
				1	2	3	4	5			
		Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
			Individual	Group							
Total Members at end of:											
1. Prior Year		2,034,466	86,229	444,780	53,050	367,899	192,477	154,919	147,517		587,595
2. First Quarter		1,954,641	26,438	389,555	53,778	372,856	188,913	155,656	166,311		601,134
3. Second Quarter		1,963,605	25,484	382,649	54,480	370,911	190,832	155,430	175,533		608,286
4. Third Quarter		1,954,465	24,559	377,137	55,346	372,805	191,129	155,145	178,051		600,293
5. Current Year		1,957,987	23,821	379,182	56,199	372,405	195,078	155,191	179,489		596,622
6. Current Year Member Months		23,541,240	307,698	4,614,436	656,149	4,473,082	2,299,338	1,865,474	2,090,288		7,234,775
Total Member Ambulatory Encounters for Year:											
7 Physician		6,599,330	87,537	1,584,065	798,275			1,311,078	2,818,375		
8. Non-Physician		6,030,350	69,329	1,399,984	786,350	152,134	228,734	812,983	2,580,836		
9. Total		12,629,680	156,866	2,984,049	1,584,625	152,134	228,734	2,124,061	5,399,211	0	0
10. Hospital Patient Days Incurred		465,495	3,620	92,620	52,747			77,547	238,961		
11. Number of Inpatient Admissions		87,468	707	20,569	10,893			15,731	39,568		
12. Health Premiums Written (b)		5,627,122,144	111,217,413	2,085,620,537	137,413,443	24,651,794	55,029,367	1,144,512,916	1,855,035,002		213,641,672
13. Life Premiums Direct		0									
14. Property/Casualty Premiums Written		0									
15. Health Premiums Earned		5,658,543,019	111,262,372	2,083,629,656	135,216,339	24,658,930	55,400,231	1,173,938,384	1,860,795,435		213,641,672
16. Property/Casualty Premiums Earned		0									
17. Amount Paid for Provision of Health Care Services		4,755,935,002	112,024,568	1,708,486,723	98,803,328	17,443,376	40,821,498	1,085,215,328	1,526,800,619	1,875	166,337,687
18. Amount Incurred for Provision of Health Care Services		4,701,609,291	70,310,831	1,687,485,753	99,452,008	17,328,855	40,892,502	1,086,769,044	1,536,339,702		163,030,596

(a) For health business: number of persons insured under PPO managed care products 1,374,937 and number of persons insured under indemnity only products 55,486

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,855,035,002



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Community Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Community Insurance Company

2. Mason, OH

(LOCATION)

NAIC Group Code	0671	BUSINESS IN THE STATE OF	Grand Total		DURING THE YEAR				NAIC Company Code	10345	
			1	Comprehensive (Hospital & Medical)	4	5	6	7			
		Total	2 Individual	3 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		2,034,466	86,229	444,780	53,050	367,899	192,477	154,919	147,517	0	587,595
2. First Quarter		1,954,641	26,438	389,555	53,778	372,856	188,913	155,656	166,311	0	601,134
3. Second Quarter		1,963,638	25,484	382,649	54,513	370,911	190,832	155,430	175,533	0	608,286
4. Third Quarter		1,954,790	24,559	377,137	55,671	372,805	191,129	155,145	178,051	0	600,293
5. Current Year		1,958,586	23,821	379,182	56,798	372,405	195,078	155,191	179,489	0	596,622
6. Current Year Member Months		23,543,428	307,698	4,614,436	658,337	4,473,082	2,299,338	1,865,474	2,090,288	0	7,234,775
Total Member Ambulatory Encounters for Year:											
7 Physician		6,601,318	87,537	1,584,065	800,263	0	0	1,311,078	2,818,375	0	0
8. Non-Physician		6,032,409	69,329	1,399,984	788,409	152,134	228,734	812,983	2,580,836	0	0
9. Total		12,633,727	156,866	2,984,049	1,588,672	152,134	228,734	2,124,061	5,399,211	0	0
10. Hospital Patient Days Incurred		465,792	3,620	92,620	53,044	0	0	77,547	238,961	0	0
11. Number of Inpatient Admissions		87,524	707	20,569	10,949	0	0	15,731	39,568	0	0
12. Health Premiums Written (b)		5,627,463,291	111,217,413	2,085,620,537	137,754,590	24,651,794	55,029,367	1,144,512,916	1,855,035,002	0	213,641,672
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		5,658,884,166	111,262,372	2,083,629,656	135,557,486	24,658,930	55,400,231	1,173,938,384	1,860,795,435	0	213,641,672
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		4,756,154,988	112,024,568	1,708,486,723	99,023,364	17,443,376	40,821,498	1,085,215,328	1,526,800,569	1,875	166,337,687
18. Amount Incurred for Provision of Health Care Services		4,701,948,004	70,310,831	1,687,485,753	99,790,771	17,328,855	40,892,502	1,086,769,044	1,536,339,652	0	163,030,596

(a) For health business: number of persons insured under PPO managed care products 1,374,937 and number of persons insured under indemnity only products 56,085

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,855,035,002

ANNUAL STATEMENT FOR THE YEAR 2018 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 2018 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
28207 ...35-0781558 ...01/01/2018 ...Anthem Insurance Companies, Inc.				IN	19,919,047	25,311,758
1399999. Accident and Health - U.S. Affiliates - Other					19,919,047	25,311,758
1499999. Total Accident and Health - U.S. Affiliates					19,919,047	25,311,758
1799999. Total Accident and Health - Non-U.S. Affiliates					0	0
1899999. Total Accident and Health - Affiliates					19,919,047	25,311,758
00000 ...AA-9990032 ...01/01/2014 ...U.S Department of Health and Human Services				DC	91,049	0
1999999. Accident and Health - U.S. Non-Affiliates					91,049	0
2199999. Total Accident and Health - Non-Affiliates					91,049	0
2299999. Total Accident and Health					20,010,096	25,311,758
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					20,010,096	25,311,758
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
9999999 Totals - Life, Annuity and Accident and Health					20,010,096	25,311,758

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Community Insurance Company

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
28207	..35-0781558	..01/01/2018	..Anthem Insurance Companies, Inc.	IN	QA/G	FEHBP	260,524,592						
0299999. General Account - Authorized U.S. Affiliates - Other							260,524,592	0	0	0	0	0	0
0399999. Total General Account - Authorized U.S. Affiliates							260,524,592	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							260,524,592	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							0	0	0	0	0	0	0
1199999. Total General Account Authorized							260,524,592	0	0	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified							260,524,592	0	0	0	0	0	0
3799999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified							0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified							0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							260,524,592	0	0	0	0	0	0
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							0	0	0	0	0	0	0
9999999 - Totals							260,524,592	0	0	0	0	0	0

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Community Insurance Company

SCHEDULE S - PART 6

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

	1 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
1. Premiums	260,525	0	798	939	1,400
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	241,505	1,213		20,160	26,721
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	25,312	0	2,144	2,344	3,702
8. Reinsurance recoverable on paid losses	20,010	2,718	14,857	15,187	23,019
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 2018 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)	967,980,059		967,980,059
2. Accident and health premiums due and unpaid (Line 15)	198,794,920	26,033,358	224,828,278
3. Amounts recoverable from reinsurers (Line 16.1)	20,010,096	(20,010,096)	0
4. Net credit for ceded reinsurance	XXX	6,200,470	6,200,470
5. All other admitted assets (Balance)	625,518,179	(1,014,530)	624,503,649
6. Total assets (Line 28)	1,812,303,254	11,209,202	1,823,512,456
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	440,236,365	25,311,758	465,548,123
8. Accrued medical incentive pool and bonus payments (Line 2)	21,977,774		21,977,774
9. Premiums received in advance (Line 8)	45,945,848		45,945,848
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)	501,962,103	(14,102,556)	487,859,547
15. Total liabilities (Line 24)	1,010,122,090	11,209,202	1,021,331,292
16. Total capital and surplus (Line 33)	802,181,164	XXX	802,181,164
17. Total liabilities, capital and surplus (Line 34)	1,812,303,254	11,209,202	1,823,512,456
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	25,311,758		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	20,010,096		
22. Other ceded reinsurance recoverables	1,014,530		
23. Total ceded reinsurance recoverables	46,336,384		
24. Premiums receivable	26,033,358		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	14,102,556		
30. Total ceded reinsurance payables/offsets	40,135,914		
31. Total net credit for ceded reinsurance	6,200,470		

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Community Insurance Company

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL					
2. Alaska	AK					
3. Arizona	AZ					
4. Arkansas	AR					
5. California	CA					
6. Colorado	CO					
7. Connecticut	CT					
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL					
11. Georgia	GA					
12. Hawaii	HI					
13. Idaho	ID					
14. Illinois	IL					
15. Indiana	IN					
16. Iowa	IA					
17. Kansas	KS					
18. Kentucky	KY					
19. Louisiana	LA					
20. Maine	ME					
21. Maryland	MD					
22. Massachusetts	MA					
23. Michigan	MI					
24. Minnesota	MN					
25. Mississippi	MS					
26. Missouri	MO					
27. Montana	MT					
28. Nebraska	NE					
29. Nevada	NV					
30. New Hampshire	NH					
31. New Jersey	NJ					
32. New Mexico	NM					
33. New York	NY					
34. North Carolina	NC					
35. North Dakota	ND					
36. Ohio	OH					
37. Oklahoma	OK					
38. Oregon	OR					
39. Pennsylvania	PA					
40. Rhode Island	RI					
41. South Carolina	SC					
42. South Dakota	SD					
43. Tennessee	TN					
44. Texas	TX					
45. Utah	UT					
46. Vermont	VT					
47. Virginia	VA					
48. Washington	WA					
49. West Virginia	WV					
50. Wisconsin	WI					
51. Wyoming	WY					
52. American Samoa	AS					
53. Guam	GU					
54. Puerto Rico	PR					
55. U.S. Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CAN					
58. Aggregate Other Alien	OT					
59. Total						

NONE

ANNUAL STATEMENT FOR THE YEAR 2018 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		0001156039		American Imaging Management, Inc.	IL	NIA	Imaging Management Holdings, L.L.C.	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	15544	46-4729682		0001156039		America's 1st Choice of South Carolina, Inc.	SC	IA	ATH Holding Company, LLC	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		26-0772017		0001156039		America's Health Management Services, Inc.	SC	NIA	ATH Holding Company, LLC	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	12354	20-2073598		0001156039		AMERIGROUP Community Care of New Mexico, Inc.	NM	IA	AMERIGROUP Corporation	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		54-1739323		0001156039		AMERIGROUP Corporation	DE	NIA	ATH Holding Company, LLC	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	16168	82-1800037		0001156039		AMERIGROUP Delaware, Inc.	DE	NIA	Anthem Partnership Holding Company, LLC	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	16455	82-3743160		0001156039		Amerigroup District of Columbia, Inc.	DC	IA	Anthem Partnership Holding Company, LLC	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		82-3501839		0001156039		Amerigroup Health Plan of Louisiana, Inc.	LA	IA	AMERIGROUP Corporation	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	14078	45-2485907		0001156039		Amerigroup Health Plan of Oregon, Inc.	OR	NIA	AMERIGROUP Corporation	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	15807	47-3863197		0001156039		Amerigroup Insurance Company	TX	IA	AMERIGROUP Corporation	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		45-4985009		0001156039		AMERIGROUP Iowa, Inc.	IA	IA	AMERIGROUP Corporation	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	14276	45-3358287		0001156039		Amerigroup IPA of New York, LLC	NY	NIA	CareMore, LLC	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	95832	51-0387398		0001156039		Amerigroup Kansas, Inc.	KS	IA	AMERIGROUP Corporation	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	16376	82-3434470		0001156039		AMERIGROUP Maryland, Inc.	MD	IA	AMERIGROUP Corporation	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	16145	81-4626605		0001156039		Amerigroup Michigan, Inc.	MI	IA	AMERIGROUP Corporation	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	95373	22-3375292		0001156039		Amerigroup Mississippi, Inc.	MS	IA	Anthem Partnership Holding Company, LLC	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	10767	13-4212818		0001156039		AMERIGROUP New Jersey, Inc.	NJ	IA	AMERIGROUP Corporation	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	15994	81-2781685		0001156039		AMERIGROUP Ohio, Inc.	OH	IA	AMERIGROUP Corporation	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		36-3897080		0001156039		AMERIGROUP Oklahoma, Inc.	OK	IA	AMERIGROUP Corporation	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		36-3897080		0001156039		Amerigroup Partnership Plan, LLC	IL	NIA	Health Ventures Partner, L.L.C.	Ownership.....	75.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	16339	82-3734368		0001156039		Amerigroup Partnership Plan, LLC	IL	NIA	UNICARE Illinois Services, Inc.	Ownership.....	25.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	12941	20-4776597		0001156039		Amerigroup Pennsylvania, Inc.	PA	IA	AMERIGROUP Corporation	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	95314	75-2603231		0001156039		AMERIGROUP Tennessee, Inc.	TN	IA	AMERIGROUP Corporation	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	14073	27-3510384		0001156039		AMERIGROUP Texas, Inc.	TX	IA	AMERIGROUP Corporation	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		82-5050544		0001156039		AMERIGROUP Washington, Inc.	WA	IA	AMERIGROUP Corporation	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	12229	06-1696189		0001156039		AMERIGROUP Utah, Inc.	UT	NIA	AMERIGROUP Corporation	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		83-2435050		0001156039		AMGP Georgia Managed Care Company, Inc.	GA	IA	AMERIGROUP Corporation	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	62825	95-4331852		0001156039		AMH Health, LLC	ME	NIA	Anthem Partnership Holding Company, LLC	Ownership.....	50.000	Anthem, Inc.	N	0102
.0671	Anthem, Inc.		35-1898945		0001156039		Anthem Blue Cross Life and Health Insurance Company	CA	IA	WellPoint California Services, Inc.	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	95120	61-1237516		0001156039		Anthem Financial, Inc.	DE	NIA	Associated Group, Inc.	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	52618	31-1705652		0001156039		Anthem Health Plans of Kentucky, Inc.	KY	IA	ATH Holding Company, LLC	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	53759	02-0510530		0001156039		Anthem Health Plans of Maine, Inc.	ME	IA	ATH Holding Company, LLC	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	71835	54-0357120	40003317	0001156039		Anthem Health Plans of New Hampshire, Inc.	NH	IA	ATH Holding Company, LLC	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	60217	06-1475928		0001156039		Anthem Health Plans of Virginia, Inc.	VA	IA	Anthem Southeast, Inc.	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		61-1459393		0001156039		Anthem Health Plans, Inc.	CT	IA	ATH Holding Company, LLC	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		35-2145715		0001156039		Anthem Holding Corp.	IN	NIA	Anthem, Inc.	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	28207	35-0781558		0001156039		Anthem, Inc.	IN	UIP	Anthem, Inc.	N	
.0671	Anthem, Inc.	15543	47-0992859		0001156039		Anthem Insurance Companies, Inc.	IN	IA	Anthem, Inc.	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	13573	20-5876774		0001156039		Anthem Kentucky Managed Care Plan, Inc.	KY	IA	ATH Holding Company, LLC	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	61069	35-0980405		0001156039		Anthem Life & Disability Insurance Company	NY	IA	WellPoint Acquisition, LLC	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		81-3974489		0001156039		Anthem Life Insurance Company	IN	IA	Rocky Mountain Hospital and Medical Service, Inc.	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		32-0031791		0001156039		Anthem Merger Sub Corp.	DE	NIA	Anthem, Inc.	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		35-2129194		0001156039		Anthem Partnership Holding Company, LLC	DE	NIA	Anthem, Inc.	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		30-0606541		0001156039		Anthem Southeast, Inc.	IN	NIA	Anthem, Inc.	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		30-0606541		0001156039		Anthem UM Services, Inc.	IN	NIA	UNICARE Specialty Services, Inc.	Ownership.....	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		80-0531799		0001156039		Anthem Workers' Compensation, LLC	IN	NIA	Anthem Blue Cross Life and Health Insurance Company	Ownership.....	75.000	Anthem, Inc.	N	
.0671	Anthem, Inc.						Anthem Workers' Compensation, LLC	IN	NIA	HealthLink, Inc.	Ownership.....	25.000	Anthem, Inc.	N	
.0671	Anthem, Inc.						Applied Pathways, LLC	IL	NIA	American Imaging Management, Inc.	Ownership.....	53.520	Anthem, Inc.	N	0108

ANNUAL STATEMENT FOR THE YEAR 2018 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.		80-0531799		0001156039		Applied Pathways, LLC	IL	N/A	HEP AP Holdings, Inc.	Ownership	46.480	Anthem, Inc.	N	.0108
.0671	Anthem, Inc.		95-4640529		0001156039		Arcus Enterprises, Inc.	DE	N/A	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		90-1057454		0001156039		Aspire Health, Inc.	DE	N/A	Nash Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		35-1292384		0001156039		Associated Group, Inc.	IN	N/A	Anthem Insurance Companies, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		11-3713086		0001156039		ATH Holding Company, LLC	IN	UDP	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	54801	58-0469845		0001156039		Blue Cross and Blue Shield of Georgia, Inc.	GA	IA	Cerulean Companies, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		96962	58-1638390	0001156039		Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	GA	IA	Cerulean Companies, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		54003	39-0138065	0001156039		Blue Cross Blue Shield of Wisconsin	WI	IA	Crossroads Acquisition Corp.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		95-3760980		0001156039		Blue Cross of California	CA	IA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	N	.0101
.0671	Anthem, Inc.		20-2994048		0001156039		Blue Cross of California Partnership Plan, Inc.	CA	IA	Blue Cross of California	Ownership	100.000	Anthem, Inc.	N	.0101
.0671	Anthem, Inc.		95-4694706		0001156039		CareMore Health Plan	CA	IA	CareMore Health System	Ownership	100.000	Anthem, Inc.	N	.0101
.0671	Anthem, Inc.	13562	38-3795280		0001156039		CareMore Health Plan of Arizona, Inc.	AZ	IA	CareMore Health System	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	13605	26-4001602		0001156039		CareMore Health Plan of Nevada	NV	IA	CareMore Health System	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		27-1625392		0001156039		CareMore Health Plan of Texas, Inc.	TX	N/A	CareMore Health System	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		32-0373216		0001156039		CareMore, LLC	IN	N/A	CareMore Health System	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		20-2076421		0001156039		CareMore Health System	CA	N/A	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		46-0613946		0001156039		CareMore Services Company, LLC	IN	N/A	The Anthem Companies, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		58-2217138		0001156039		Cerulean Companies, Inc.	GA	N/A	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		39-1413702		0001156039		Claim Management Services, Inc.	WI	N/A	Blue Cross Blue Shield of Wisconsin	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	16345	82-1853423		0001156039		CCHA, LLC	CO	IA	Anthem Partnership Holding Company, LLC	Ownership	50.000	Anthem, Inc.	N	.0102
.0671	Anthem, Inc.		14064	26-4674149	0001156039		Community Care Health Plan of Louisiana, Inc.	LA	IA	Anthem Partnership Holding Company, LLC	Ownership	80.000	Anthem, Inc.	N	.0104
.0671	Anthem, Inc.		12586	20-3317697	0001156039		Community Care Health Plan of Nevada, Inc.	NV	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	10345	31-1440175		0001156039		Community Insurance Company	OH	RE	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		95693	39-1462554	0001156039		Compcare Health Services Insurance Corporation	WI	IA	Blue Cross Blue Shield of Wisconsin	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		20-0334650		0001156039		Crossroads Acquisition Corp.	DE	N/A	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		41-1905556		0001156039		DeCare Analytics, LLC	MN	N/A	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		02-0574609		0001156039		DeCare Dental Health International, LLC	MN	N/A	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		73-1665525		0001156039		DeCare Dental Insurance Ireland, Ltd.	IRL	N/A	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		01-0822645		0001156039		DeCare Dental Networks, LLC	MN	N/A	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		0001156039		0001156039		DeCare Dental, LLC	MN	N/A	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		20-0660775		0001156039		DeCare Operations Ireland, Limited	IRL	N/A	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		26-2544715		0001156039		Delivery Network, LLC	FL	N/A	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		27-2844373		0001156039		Designated Agent Company, Inc.	KY	N/A	Anthem Health Plans of Kentucky, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		26-2974996		0001156039		EasyScripts Cutler Bay, LLC	FL	N/A	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		30-0478573		0001156039		EasyScripts Hialeah, LLC	FL	N/A	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		46-0613819		0001156039		EasyScripts LLC	FL	N/A	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		13-3934328		0001156039		EasyScripts Westchester, LLC	FL	N/A	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		55093	23-7391136	0001156039		EHC Benefits Agency, Inc.	NY	N/A	WellPoint Holding Corp	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		95433	13-3874803	0001156039		Empire HealthChoice Assurance, Inc.	NY	IA	WellPoint Holding Corp	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		26-4286154		0001156039		Empire HealthChoice HMO, Inc.	NY	IA	Empire HealthChoice Assurance, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		10119	41-2128275	0001156039		Federal Government Solutions, LLC	WI	N/A	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		33-0884790		0001156039		Freedom Health, Inc.	FL	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		20-1378912		0001156039		GeriNet Physician Services, Inc.	CA	N/A	CareMore Health System	Ownership	50.000	Anthem, Inc.	N	.0102
.0671	Anthem, Inc.		95-2907752		0001156039		Global TPA, LLC	FL	N/A	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		97217	58-1473042	0001156039		Golden West Health Plan, Inc.	CA	IA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	N	.0101
.0671	Anthem, Inc.						Blue Cross and Blue Shield of Georgia, Inc.	GA	IA	Blue Cross and Blue Shield of Georgia, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		51-0365660		0001156039		Greater Georgia Life Insurance Company	DE	N/A	Arcus Enterprises, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		54-1237939		0001156039		Health Core, Inc.	VA	N/A	Southeast Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		36-3897701		0001156039		Health Management Corporation	IL	N/A	UNICARE National Services, Inc.	Ownership	100.000	Anthem, Inc.	N	

ANNUAL STATEMENT FOR THE YEAR 2018 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.	95169	54-1356687		0001156039	Healthkeepers, Inc.	VA	IA	Anthem Southeast, Inc.	Ownership	92.510	Anthem, Inc.	N		
.0671	Anthem, Inc.	95169	54-1356687		0001156039	Healthkeepers, Inc.	VA	IA	UNICARE National Services, Inc.	Ownership	7.490	Anthem, Inc.	N		
.0671	Anthem, Inc.	96475	43-1616135		0001156039	HealthLink HMO, Inc.	MO	IA	HealthLink, Inc.	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.		43-1364135		0001156039	HealthLink, Inc.	IL	NIA	RightCHOICE Managed Care, Inc.	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.		82-4966088		0001156039	HealthLink Insurance Company	IL	NIA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.		13-3865627		0001156039	HealthPlus HP, LLC	NY	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	.0100	
.0671	Anthem, Inc.	10122	20-0982649		0001156039	HealthSun Health Plans, Inc.	FL	IA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.		20-0660271		0001156039	HealthSun Holdings, LLC	FL	NIA	HealthSun Management, LLC	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.		20-0660168		0001156039	HealthSun Management, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.		46-5250294		0001156039	HealthSun Physicians Network, LLC	FL	NIA	Delivery Network, LLC	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.		46-3434016		0001156039	HealthSun Physicians Network I, LLC	FL	NIA	HealthSun Physicians Network, LLC	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.	78972	86-0257201		0001156039	Healthy Alliance Life Insurance Company	MO	IA	RightCHOICE Managed Care, Inc.	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.		47-3953545		0001156039	HEP AP Holdings, Inc.	DE	NIA	Imaging Management Holdings, L.L.C.	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.		81-3867547		0001156039	Highland Holdco, Inc.	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.		81-3487249		0001156039	Highland Acquisition Holdings, LLC	DE	NIA	Highland Intermediate Holdings, LLC	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.		81-3471305		0001156039	Highland Intermediate Holdings, LLC	DE	NIA	Highland Investor Holdings, LLC	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.		81-3493196		0001156039	Highland Investor Holdings, LLC	DE	NIA	ATH Holding Company, LLC	Ownership	72.480	Anthem, Inc.	N	.0107	
.0671	Anthem, Inc.		81-3493196		0001156039	Highland Investor Holdings, LLC	DE	NIA	Highland Holdco, Inc.	Ownership	27.520	Anthem, Inc.	N	.0107	
.0671	Anthem, Inc.		95473	84-1017384	0001156039	HMO Colorado, Inc.	CO	IA	Rocky Mountain Hospital and Medical Service, Inc.	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.	95358	37-1216698		0001156039	HMO Missouri, Inc.	MO	IA	RightCHOICE Managed Care, Inc.	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.			75-2619605	0001156039	Human Resource Associates, LLC	FL	NIA	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.			82-3062245	0001156039	Imaging Management Holdings, L.L.C.	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.			98-1397080	0001156039	IngeniOrX, Inc.	IN	NIA	Newco Holdings, Inc.	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.				0001156039	Legato Health Technologies LLC	IN	NIA	Legato Holdings I, Inc.	Ownership	100.000	Anthem, Inc.	N	.0105	
.0671	Anthem, Inc.				0001156039	Legato Health Technologies Philippines, Inc.	PHL	NIA	Legato Holdings I, Inc.	Ownership	100.000	Anthem, Inc.	N	.0106	
.0671	Anthem, Inc.			82-3030791	0001156039	Legato Holdings I, Inc.	IN	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.			82-3031178	0001156039	Legato Holdings II, Inc.	IN	NIA	Legato Holdings I, Inc.	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.			02-0581429	0001156039	Living Complete Technologies, Inc.	MD	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.		95527	02-0494919	0001156039	Matthew Thornton Health Plan, Inc.	NH	IA	Anthem Health Plans of New Hampshire, Inc.	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.			46-5262131	0001156039	Memphis Supportive Care Partnership, LLC	TN	NIA	Nash Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.			39-2013971	0001156039	Meridian Resource Company, LLC	WI	NIA	Compcare Health Services Insurance Corporation	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.			83-0892028	0001156039	Nash Holding Company, LLC	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.			35-1840597	0001156039	National Government Services, Inc.	IN	NIA	Federal Government Solutions, LLC	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.			04-2919509	0001156039	New England Research Institute, Inc.	MA	NIA	Health Core, Inc.	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.			82-3027094	0001156039	Newco Holdings, Inc.	IN	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.			81-5476630	0001156039	NGS Federal, LLC	IN	NIA	Federal Government Solutions, LLC	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.	12259	20-1336412		0001156039	Optimum Healthcare, Inc.	FL	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.			95-4249368	0001156039	Park Square Holdings, Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.			95-4386221	0001156039	Park Square I, Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.			95-4249345	0001156039	Park Square II, Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.			27-1991772	0001156039	Pasteur Medical Birds Road, LLC	FL	NIA	Pasteur Medical Holdings, LLC	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.			20-2749389	0001156039	Pasteur Medical Center, LLC	DE	NIA	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.			27-1366915	0001156039	Pasteur Medical Cutler Bay, LLC	FL	NIA	Pasteur Medical Holdings, LLC	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.			20-0610128	0001156039	Pasteur Medical Group, LLC	FL	NIA	Pasteur Medical Holdings, LLC	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.			37-1668303	0001156039	Pasteur Medical Hialeah Gardens, LLC	FL	NIA	Pasteur Medical Holdings, LLC	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.			45-1616220	0001156039	Pasteur Medical Holdings, LLC	FL	NIA	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.			47-3464152	0001156039	Pasteur Medical Kendall, LLC	FL	NIA	Pasteur Medical Holdings, LLC	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.			27-2810478	0001156039	Pasteur Medical Management, LLC	FL	NIA	Pasteur Medical Holdings, LLC	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.			33-1217936	0001156039	Pasteur Medical Miami Gardens, LLC	FL	NIA	Pasteur Medical Holdings, LLC	Ownership	100.000	Anthem, Inc.	N		
.0671	Anthem, Inc.			27-2651017	0001156039	Pasteur Medical North Miami Beach, LLC	FL	NIA	Pasteur Medical Holdings, LLC	Ownership	100.000	Anthem, Inc.	N		

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Community Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0671	Anthem, Inc.		26-0813665		0001156039		Pasteur Medical Partners, LLC	FL	N/A	HealthSun Holdings, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		56-2396739		0001156039		Resolution Health, Inc.	DE	N/A	Anthem Southeast, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		47-0851593		0001156039		RightCHOICE Managed Care, Inc.	DE	N/A	Anthem Holding Corp.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.						Rocky Mountain Hospital and Medical Service, Inc.	CO	IA	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		11011	84-0747736	0001156039		SellCore, Inc.	DE	N/A	Anthem, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.			20-0473316	0001156039		Simply Healthcare Plans, Inc.	FL	IA	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		13726	27-0945036	0001156039		Southeast Services, Inc.	VA	N/A	Anthem Southeast, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.			55-0712302	0001156039		State Sponsored DM Services, Inc.	IN	N/A	UNICARE Specialty Services, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.			45-4071004	0001156039		The Anthem Companies, Inc.	IN	N/A	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.			35-1835818	0001156039		The Anthem Companies of California, Inc.	CA	N/A	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.			45-5443372	0001156039		TrustSolutions, LLC	WI	N/A	Federal Government Solutions, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.			43-1967924	0001156039		UNICARE Health Plan of West Virginia, Inc.	WV	IA	UNICARE National Services, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		11810	84-1620480	0001156039		UNICARE Illinois Services, Inc.	IL	N/A	UNICARE National Services, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.			36-3899137	0001156039		UNICARE Life & Health Insurance Company	IN	IA	UNICARE National Services, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		80314	52-0913817	0001156039		UNICARE National Services, Inc.	DE	N/A	Anthem Holding Corp.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.			95-4635507	0001156039		UNICARE Specialty Services, Inc.	DE	N/A	Anthem Holding Corp.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.			77-0494551	0001156039		Value, Inc.	IN	N/A	IngenioRX, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.			82-3300542	0001156039		WellMax Health Medical Centers, LLC	FL	N/A	Delivery Network, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.			20-0606044	0001156039		WellMax Health Physicians Network, LLC	FL	N/A	Delivery Network, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.			36-4014617	0001156039		WellPoint Acquisition, LLC	IN	N/A	Anthem, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.			20-4405193	0001156039		WellPoint Behavioral Health, Inc.	DE	N/A	UNICARE Specialty Services, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.			20-2156380	0001156039		WellPoint California Services, Inc.	DE	N/A	Anthem Holding Corp.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.			95-4640531	0001156039		WellPoint Dental Services, Inc.	DE	N/A	UNICARE Specialty Services, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.			95-4657170	0001156039		WellPoint Health Solutions, Inc.	DE	N/A	Federal Government Solutions, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.			81-2874917	0001156039		WellPoint Holding Corp.	DE	N/A	Anthem, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.			20-3620996	0001156039		WellPoint Information Technology Services, Inc.	CA	N/A	Blue Cross of California	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.			45-2736438	0001156039		WellPoint Insurance Services, Inc.	HI	N/A	Anthem, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.			36-4595641	0001156039		WellPoint Military Care Corporation	IN	N/A	Federal Government Solutions, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.			47-2546820	0001156039		Wisconsin Collaborative Insurance Company	WI	IA	Crossroads Acquisition Corp.	Ownership	50.00	Anthem, Inc.	N	0102
.0671	Anthem, Inc.		15929	47-5569628	0001156039		WPMI, LLC	DE	N/A	ATH Holding Company, LLC	Ownership	69.910	Anthem, Inc.	N	0103
.0671	Anthem, Inc.			20-8672847	0001156039										

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	50% owned by unaffiliated investors
0103	30.09% owned by unaffiliated investors
0104	20% owned by an unaffiliated investor
0105	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.
0106	Legato Health Technologies Philippines, Inc. was incorporated under with the Republic of the Philippines, and is 100% owned by Legato Holdings I, Inc. an Indiana corporation.
0107	Highland Investor Holding LLC is a Limited Liability Company formed under the laws of Delaware, and is 72.48% owned by Anthem Holding Company, LLC. an Indiana limited liability company, and 27.52% owned by Highland Holdco, Inc., a Delaware corporation.
0108	Applied Pathways, LLC is a Limited Liability Company formed under the laws of Illinois, and is 53.52% owned by American Imaging Management, Inc. an Illinois limited liability company, and 46.48% owned by HEP AP Holdings, Inc., a Delaware corporation.

ANNUAL STATEMENT FOR THE YEAR 2018 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)
											Totals	
36-3692630		American Imaging Management, Inc.					(109,017,782)				(109,017,782)	
15544	46-4729682	America's 1st Choice of South Carolina, Inc.		1,500,000			(995,497)				.504,503	
	26-0772017	America's Health Management Services, Inc.					810,941				810,941	
12354	20-2073598	AMERIGROUP Community Care of New Mexico, Inc.					(2,737,305)				(2,737,305)	
	54-1739323	AMERIGROUP Corporation					99,361,113				99,361,113	
16168	81-4131800	AMERIGROUP District of Columbia, Inc.	(25,000,000)	20,000,000			(28,453,424)				(33,453,424)	
14078	45-2485907	AMERIGROUP Insurance Company					(126,821,389)				(126,821,389)	
15807	47-3863197	AMERIGROUP Iowa, Inc.		15,000,000			(70,492,263)				(55,492,263)	
14276	45-3358287	AMERIGROUP Kansas, Inc.					(70,930,126)				(70,930,126)	
.95832	51-0387398	AMERIGROUP Maryland, Inc.	(70,000,000)		2,525,000		(138,996,806)				(208,996,806)	
16376	82-3434470	Amerigroup Michigan, Inc.									2,525,000	
16145	81-4626605	AMERIGROUP Mississippi, Inc.									0	
95373	22-3375292	AMERIGROUP New Jersey, Inc.	(41,100,000)				(136,960,942)				(178,060,942)	
10767	13-4212818	AMERIGROUP Ohio, Inc.					18,570				18,570	
15994	81-2781685	AMERIGROUP Oklahoma, Inc.					.433				.433	
	36-3897080	Amerigroup Partnership Plan, LLC					(55,876,250)				(55,876,250)	
16339	82-3734368	Amerigroup Pennsylvania, Inc.		6,500,000							6,500,000	
12941	20-4776597	AMERIGROUP Tennessee, Inc.	(55,600,000)				(209,590,024)				(265,190,024)	
95314	75-2603231	AMERIGROUP Texas, Inc.	(20,000,000)				(425,939,887)				(445,939,887)	
14073	27-3510384	AMERIGROUP Washington, Inc.	(14,600,000)				(67,521,981)				(82,121,981)	
12229	06-1696189	AMGP Georgia Managed Care Company, Inc.	(26,800,000)				(197,062,484)				(223,862,484)	
62825	95-4331852	Anthem Blue Cross Life and Health Insurance Company, Inc.	(151,900,000)				(981,978,783)	(24,264,593)			(1,158,143,376)	36,781,726
95120	61-1237516	Anthem Health Plans of Kentucky, Inc.	(160,000,000)				(426,362,603)	(10,418,343)			(596,780,946)	16,518,427
52618	31-1705652	Anthem Health Plans of Maine, Inc.	(37,700,000)				(103,716,716)	(57,484)			(141,474,200)	
53759	02-0510530	Anthem Health Plans of New Hampshire, Inc.	(10,000,000)				(87,407,739)				(97,407,739)	
71835	54-0357120	Anthem Health Plans of Virginia, Inc.	(300,000,000)				(598,889,640)	(29,436,643)			(928,326,283)	66,928,552
60217	06-1475928	Anthem Health Plans, Inc.	(42,300,000)				(343,430,476)				(385,730,476)	
28207	35-0781558	Anthem Insurance Companies, Inc.	(490,000,000)				(1,393,869,102)	(84,247,077)			(1,968,116,179)	(48,641,479)
15543	47-0992859	Anthem Kentucky Managed Care Plan, Inc.					(77,063,283)				(77,063,283)	
13573	20-5876774	Anthem Life and Disability Insurance Company					(2,081,909)				(2,081,909)	
61069	35-0980405	Anthem Life Insurance Company	(12,500,000)				(41,930,064)	35,755,952			(18,674,112)	(75,644,050)
81-3974489		Anthem Partnership Holding Company, LLC									0	
	35-2145715	Anthem, Inc.	3,647,100,000	(117,766,951)			6,313,861,562				9,843,194,611	
15544	46-4729682	APC Passe, LLC		862,745							862,745	
	11-3713086	ATH Holding Company, LLC					1,434,940				1,434,940	
54801	58-0469845	Blue Cross and Blue Shield of Georgia, Inc.	(31,900,000)				(357,624,214)				(389,524,214)	

ANNUAL STATEMENT FOR THE YEAR 2018 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)
.....96962	58-1638390	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	(103,800,000)				(527,376,338)				(631,176,338)	
.....54003	39-0138065	Blue Cross Blue Shield of Wisconsin	(70,000,000)				(146,490,315)	(25,451,644)			(241,941,959)	20,140,470
.....95-3760980		Blue Cross of California	(400,000,000)	(380,000,000)			(2,200,914,232)				(2,980,914,232)	
.....20-2994048		Blue Cross of California Partnership Plan, Inc.	(100,000,000)				(422,852,904)				(522,852,904)	
.....95-4694706		Caremore Health Plan	(30,000,000)				812,135,218				782,135,218	
.....13562	38-3975280	Caremore Health Plan of Arizona, Inc.					(53,721,171)				(53,721,171)	
.....13605	26-4001602	Caremore Health Plan of Nevada					79,592,087				79,592,087	
.....16345	82-1853423	CCHA, LLC		3,000,500				(716,063)			2,284,437	25,500,260
.....14064	26-4674149	Community Care Health Plan of Louisiana, Inc.		52,000,000			(102,454,994)				(50,454,994)	
.....12586	20-3317697	Community Care Health Plan of Nevada, Inc.					(94,001,461)				(94,001,461)	
.....10345	31-1440175	Community Insurance Company	(348,500,000)				(1,018,946,924)	(19,020,011)			(1,386,466,935)	45,230,805
.....95693	39-1462554	Compcare Health Services Insurance Corporation	(29,000,000)				(122,111,536)				(151,111,536)	
.....01-0822645		DeCare Dental, LLC					(49,230,575)				(49,230,575)	
.....30-0478573		EasyScripts LLC					15,555,437				15,555,437	
.....55093	23-7391136	Empire HealthChoice Assurance, Inc.	(250,000,000)				(613,755,584)				(863,755,584)	
.....95433	13-3874803	Empire HealthChoice HMO, Inc.					(72,010,478)				(72,010,478)	
.....10119	41-2128275	Freedom Health, Inc.		9,111,028			(148,515,455)				(139,404,427)	
.....20-1378912		Global TPA, LLC					216,505,663				216,505,663	
.....95-2907752		Golden West Health Plan, Inc.					(464,335)				(464,335)	
.....97217	58-1473042	Greater Georgia Life Insurance Company					(8,719,700)				(8,719,700)	
.....51-0365660		Health Core, Inc.					(28,583,837)				(28,583,837)	
.....54-1237939		Health Management Corporation					(13,098,242)				(13,098,242)	
.....95169	54-1356687	HealthKeepers, Inc.	(183,400,000)				(423,188,078)	(4,513,023)			(611,101,101)	104,760
.....96475	43-1616135	HealthLink HMO, Inc.					5,236,022				5,236,022	
.....43-1364135		HealthLink, Inc.					(49,925,006)				(49,925,006)	
.....13-3865627		HealthPlus LLC					(271,251,937)				(271,251,937)	
.....10122	20-0982649	HealthSun Health Plans, Inc.	(18,600,000)	50,904,906			(379,715,056)				(347,410,150)	
.....78972	86-0257201	Healthy Alliance Life Insurance Company	(343,400,000)				(353,359,994)				(696,759,994)	
.....81-3471305		Highland Acquisition Holdings LLC		(50,904,906)			(18,545,466)				(69,450,372)	
.....95473	84-1017384	HMO Colorado, Inc.	(7,000,000)				(207,102,762)				(214,102,762)	
.....95358	37-1216698	HMO Missouri, Inc.					(27,868,903)				(27,868,903)	
.....46-4248503		Human Resource Associates, LLC					446,050				446,050	
.....95527	02-0494919	Matthew Thornton Health Plan, Inc.	(40,000,000)				(117,383,160)				(157,383,160)	
.....39-2013971		Meridian Resource Company, LLC	(11,000,000)				(949,823)				(11,949,823)	
.....12259	20-1336412	Optimum Healthcare, Inc.		1,045,028			(108,902,212)				(107,857,184)	
.....27-2810478		Pasteur Medical Management LLC (Centers)					219,536,011				219,536,011	
.....47-0851593		RightCHOICE Managed Care, Inc.					(21,087,100)				(21,087,100)	
.....11011	84-0747736	Rocky Mountain Hospital and Medical Service, Inc.	(100,500,000)				(284,252,997)	(35,839,182)			(420,592,179)	32,627,969

ANNUAL STATEMENT FOR THE YEAR 2018 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)
13726	27-0945036	Simply Healthcare Plans, Inc.	(115,400,000)				(365,221,237)				(480,621,237)	
	45-5443372	The Anthem Companies of California, Inc.					148,219,517				148,219,517	
	35-1835818	The Anthem Companies, Inc.					5,966,202,946				5,966,202,946	
	45-2541383	The Medical City LLC					826,419				826,419	
11810	84-1620480	UNICARE Health Plan of West Virginia, Inc.	(7,100,000)				(58,938,884)				(66,038,884)	
	80314	UNICARE Life & Health Insurance Company					(64,307,365)	(45,406,458)			(109,713,823)	(3,717,626)
	20-0660775	WellMax Health Delivery Network, LLC					143,387,395				143,387,395	
	45-2736438	WellPoint Information Technology Services		380,000,000			429,830,045				809,830,045	
	36-4595641	WellPoint Insurance Services, Inc.					(3,473,983)	243,614,569			240,140,586	(115,829,814)
15929	47-5569628	Wisconsin Collaborative Insurance Company		6,222,650			(18,487,636)				(12,264,986)	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2018 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 if your company is engaged in the type of business covered by the supplement. 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
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	YES
	AUGUST FILING
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
Bar Codes:	
12.	Life Supplement [Document Identifier 205]
	 1 0 3 4 5 2 0 1 8 2 0 5 0 0 0 0 0
13.	SIS Stockholder Information Supplement [Document Identifier 420]
	 1 0 3 4 5 2 0 1 8 4 2 0 0 0 0 0 0
14.	Participating Opinion for Exhibit 5 [Document Identifier 371]
	 1 0 3 4 5 2 0 1 8 3 7 1 0 0 0 0 0
15.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]
	 1 0 3 4 5 2 0 1 8 3 7 0 0 0 0 0 0
16.	Medicare Part D Coverage Supplement [Document Identifier 365]
	 1 0 3 4 5 2 0 1 8 3 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 8 2 2 4 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 8 2 2 5 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 8 2 2 6 0 0 0 0 0 0
20.	Long-Term Care Experience Reporting Forms [Document Identifier 306]
	 1 0 3 4 5 2 0 1 8 3 0 6 0 0 0 0 0 0
21.	Life Supplement [Document Identifier 211]
	 1 0 3 4 5 2 0 1 8 2 1 1 0 0 0 0 0 0



SUPPLEMENT FOR THE YEAR 2018 OF THE Community Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
 (To Be Filed by March 1)

FOR THE STATE OF Indiana.....

NAIC Group Code 0671

NAIC Company Code 10345

ADDRESS (City, State and Zip Code) Mason , OH 45040-9498

Person Completing This Exhibit Craig Schadt

Title Actuarial Business Consultant

Telephone Number 502-974-7104

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015			Policies Issued in 2016; 2017; 2018				
										11	Incurred Claims		14	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
	APLANAM(17)-IN-T	A.	No.	0034060	02/12/2018				Modernized Plan A			0.0			0	0	0.0
	APLANFM(17)-IN-T	F.	No.	0034000	02/12/2018				Modernized Plan F			0.0			341,147	338,763	99.3
0199999. Total Experience on Individual Policies										0	0	0.0	0	341,147	338,763	99.3	599

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".



SUPPLEMENT FOR THE YEAR 2018 OF THE Community Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
 (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 805-557-4153

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2015			Policies Issued in 2016; 2017; 2018			
										11 Premiums Earned	12 Amount	13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Amount	17 Percent of Premiums Earned
YES	PD003	P.	0200560	10/29/1991			01/01/1992	Medicomp 2	1,703,652	993,168	.58.3	379	0	0	0.0	0
YES	PD009	P.	0204060	.07/18/1990			01/01/1992	Mediplus Standard	20,067	15,440	.76.9	4	0	0	0.0	0
YES	PD010	P.	0200560	10/29/1991			01/01/1992	Medicomp 1	30,029	20,319	.67.7	17	0	0	0.0	0
YES	PD011	A.	0204060	.03/10/1992			06/01/2010	Medicomp A	163,831	229,929	.140.3	16	0	0	0.0	0
YES	PD014	D.	0204000	.03/10/1992			06/01/2010	Medicomp D	339,615	222,407	.65.5	62	0	0	0.0	0
YES	PD021	P.	0200560	.01/21/1992			01/01/1992	Medicomp 3	108,607	55,756	.51.3	13	0	0	0.0	0
YES	PD027	A.	0034000	.08/31/1994			06/01/2010	Insurance for One, Medicare Supplement Plan A - Attained Age	80,358	69,561	.86.6	38	0	0	0.0	0
YES	PD028	C.	0034000	.08/31/1994			06/01/2010	Insurance for One, Medicare Supplement Plan C - Attained Age	9,618,201	6,512,112	.67.7	2,714	0	0	0.0	0
YES	PD029	F.	0034000	.08/31/1994			06/01/2010	Insurance for One, Medicare Supplement Plan F - Attained Age	7,053,975	4,184,123	.59.3	1,922	0	0	0.0	0
YES	PD030	I.	0034000	.08/31/1994			01/01/2006	Insurance for One, Medicare Supplement Plan I - Attained Age	464,145	242,426	.52.2	111	0	0	0.0	0
YES	PD031	B.	0034000	10/11/1994			06/01/2010	Insurance for One, Medicare Supplement Plan B - Attained Age	155,017	81,711	.52.7	47	0	0	0.0	0
YES	PD032	D.	0034000	10/11/1994			06/01/2010	Insurance for One, Medicare Supplement Plan D - Attained Age	239,906	141,629	.59.0	69	0	0	0.0	0
YES	PD033	E.	0034000	10/11/1994			06/01/2010	Insurance for One, Medicare Supplement Plan E - Attained Age	37,812	20,921	.55.3	9	0	0	0.0	0
YES	PD034	G.	0034000	10/11/1994			06/01/2010	Insurance for One, Medicare Supplement Plan G - Attained Age	354,365	191,409	.54.0	102	0	0	0.0	0
YES	PD035	H.	0034000	10/11/1994			01/01/2006	Insurance for One, Medicare Supplement Plan H - Attained Age	159,579	86,642	.54.3	43	0	0	0.0	0
YES	CG008	P.	0200560	10/29/1991			01/01/1992	Health Maintenance Plan (Medicare Supplement product)	0	0	0.0	0	0	0	0.0	0
YES	WPPLANAM(09)-OH	A.	0034060	.06/01/2010				Modernized MedSupp Plan A	215,564	344,370	.159.8	77	21,653	9,691	.44.8	9
YES	WPPLANFM(09)-OH	F.	0034000	.06/01/2010				Modernized MedSupp Plan F	38,946,505	26,504,134	.68.1	15,765	14,182,152	11,006,305	.77.6	3,744
YES	WPPLANGM(09)-OH	G.	0034000	.06/01/2010				Modernized MedSupp Plan G	1,195,184	1,077,702	.90.2	403	761,464	620,460	.81.5	761
YES	WPPLANHiFM(09)-OH	F.	0034000	.06/01/2010				Modernized MedSupp Plan High F	1,057,778	469,408	.44.4	977	6,395	83	1.3	4



SUPPLEMENT FOR THE YEAR 2018 OF THE Community Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
 (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 805-557-4153

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name								
YES	WPPLANM(09)-OH	N.		0034000	06/01/2010				Modernized MedSupp Plan N	5,407,378	3,992,523	73.8	3,108	2,133,771	1,665,379	78.0	1,410
YES	WPPLANSelectM(11)-OH	F.		0034000	01/01/2012				Modernized Select MedSupp Plan F	2,743,186	1,680,077	61.2	1,371	1,802,868	1,525,385	84.6	538
YES	WPPLANHIFSelectM(11)-OH	F.		0034000	01/01/2012				Modernized Select MedSupp Plan High F	86,772	29,047	33.5	94	0	0	0.0	0
YES	WPPLANSelectM(11)-OH	G.		0034000	01/01/2012				Modernized Select MedSupp Plan G	358,661	175,797	49.0	246	6,794,654	5,350,877	78.8	7,160
YES	WPPLANSelectM(11)-OH	N.		0034000	01/01/2012				Modernized Select MedSupp Plan N	865,480	637,990	73.7	729	800,892	651,397	81.3	470
0199999. Total Experience on Individual Policies										71,405,667	47,978,601	67.2	28,316	26,503,849	20,829,577	78.6	14,096
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	45,579	48,258	105.9	11	0	0	0.0	0
YES	PD025	F.		0030500	06/14/1994			06/01/2010	Insurance for One, Medicare Supplement Plan F	10,491	13,819	131.7	2	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	6,738,397	5,191,552	77.0	2,411	0	0	0.0	0
YES	PD038	F.		0234000	07/26/1995			06/01/2010	Insurance for One, Medicare Select Plan F	2,000,470	1,548,667	77.4	770	0	0	0.0	0
YES	TA010	A.		0234000	09/09/1993			06/01/2010	Insurance for One, Medicare Supplement Plan A	187,477	143,117	76.3	116	0	0	0.0	0
YES	TA011	C.		0234000	09/09/1993			06/01/2010	Insurance for One, Medicare Supplement Plan C	13,647,360	11,261,841	82.5	4,857	0	0	0.0	0
YES	TA012	F.		0234000	09/09/1993			06/01/2010	Insurance for One, Medicare Supplement Plan F	13,758,964	11,745,742	85.4	5,286	0	0	0.0	0
YES	TA013	I.		0234000	09/09/1993			01/01/2006	Insurance for One, Medicare Supplement Plan I	918,084	690,834	75.2	333	0	0	0.0	0
0299999. Total Experience on Group Policies										37,306,822	30,643,830	82.1	13,786	0	0	0.0	0



SUPPLEMENT FOR THE YEAR 2018 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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