



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2019
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)			513-872-8100 (Area Code) (Telephone 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)		
	Waukesha, WI, US 53188 (City or Town, State, Country and Zip Code)			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	Vincent Edward Scher
Vice President/Secretary	Kathleen Susan Kiefer	Assistant Secretary	Kristin Kim Cherie Howard

OTHER

Eric (Rick) Kenneth Noble, Assistant Treasurer

DIRECTORS OR TRUSTEES

Laurie Helm Benintendi	Ronald William Penczek	Kathleen Susan Kiefer
Steven John Martenet	Heather Chockley Steinmeyer #	

State of Ohio SS:
County of Warren

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

Steven John Martenet
President/Chairperson

Kathleen Susan Kiefer
Vice President/Secretary

Vincent Edward Scher
Vice President/Treasurer

Subscribed and sworn to before me this _____ day of _____

- 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 _____

State of Ohio
County of: Hamilton

The foregoing instrument was acknowledged before me

this 14th day of February, 2020
by STEVEN JOHN MARTENET
Notary Kristine Ann Baumgartner



KRISTINE ANN BAUMGARTNER
Notary Public, State of Ohio
My Commission Expires
September 4, 2024

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Express Scripts, Inc.	23,426,653	7,600,569	17,011,834	(715,714)	0	47,323,342
IngenioRX, Inc.	9,100,733	0	0	0	0	9,100,733
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed						
0199999. Total Pharmaceutical Rebate Receivables	32,527,386	7,600,569	17,011,834	(715,714)	0	56,424,075
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	4,192,757	2,335,172	651,082	15,860,648	23,039,659	0
0299999. Total Claim Overpayment Receivables	4,192,757	2,335,172	651,082	15,860,648	23,039,659	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	7,570	0	0	0	7,570	0
0599999. Total Risk Sharing Receivables	7,570	0	0	0	7,570	0
0699998. Aggregate Other Receivables Not Individually Listed	37,185,444	2,050	45,284	309,118	16,515,347	21,026,549
0699999. Total Other Receivables	37,185,444	2,050	45,284	309,118	16,515,347	21,026,549
.....						
.....						
.....						
.....						
.....						
.....						
.....						
0799999 Gross health care receivables	73,913,157	9,937,791	17,708,200	15,454,052	39,562,576	77,450,624

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	54,229,557	165,930,065	(971,301)	57,395,376	53,258,256	55,173,774
2. Claim overpayment receivables	14,745,404	35,107,817	13,294,623	9,745,036	28,040,027	21,398,032
3. Loans and advances to providers					0	0
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables	25,362		4,206	3,364	29,568	8,605
6. Other health care receivables.....	3,734,215	37,083,943	420,971	37,120,925	4,155,186	8,179,713
7. Totals (Lines 1 through 6)	72,734,538	238,121,825	12,748,499	104,264,701	85,483,037	84,760,124

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

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

[illegible]

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	.0	0.0		0.0		.0
2. Intermediaries	28,986,983	0.5	199,757	9.7		28,986,983
3. All other providers	104,101,519	2.0	638,274	30.9		104,101,519
4. Total capitation payments	133,088,502	2.5	838,031	40.6	.0	133,088,502
Other Payments:						
5. Fee-for-service	251,509,528	4.7	XXX	XXX		251,509,528
6. Contractual fee payments	1,003,120,135	18.9	XXX	XXX		1,003,120,135
7. Bonus/withhold arrangements - fee-for-service .....	.0	0.0	XXX	XXX		.0
8. Bonus/withhold arrangements - contractual fee payments	3,625,472,343	68.3	XXX	XXX		3,625,472,343
9. Non-contingent salaries .....	.0	0.0	XXX	XXX		.0
10. Aggregate cost arrangements .....	.0	0.0	XXX	XXX		.0
11. All other payments	297,907,094	5.6	XXX	XXX		297,907,094
12. Total other payments	5,178,009,100	97.5	XXX	XXX	0	5,178,009,100
13. TOTAL (Line 4 plus Line 12)	5,311,097,602	100%	XXX	XXX	0	5,311,097,602

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
	Liberty Dental Plan Corporation	26,235,032	2,186,253		
	Logisticare Solutions	2,751,951	229,329		
9999999 Totals		28,986,983	xxx	xxx	xxx

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	32,365,908	0	32,088,092	277,816	277,816	0
2.	Medical furniture, equipment and fixtures	0	0	0	0	0	0
3.	Pharmaceuticals and surgical supplies	0	0	0	0	0	0
4.	Durable medical equipment	0	0	0	0	0	0
5.	Other property and equipment	17,821,040	4,448,698	5,251,498	17,018,240	17,018,240	0
6.	Total	50,186,948	4,448,698	37,339,590	17,296,056	17,296,056	0



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Community Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Community Insurance Company 2. Mason, OH

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0671		Indiana		2019							NAIC Company Code	
		Comprehensive (Hospital & Medical)									10345	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year		599			599							
2. First Quarter		1,110			1,110							
3. Second Quarter		1,402			1,402							
4. Third Quarter		1,788			1,788							
5. Current Year		2,119			2,119							
6. Current Year Member Months		17,927			17,927							
Total Member Ambulatory Encounters for Year:												
7. Physician		14,339			14,339							
8. Non-Physician		15,349			15,349							
9. Total		29,688	0	0	29,688	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		883			883							
11. Number of Inpatient Admissions		187			187							
12. Health Premiums Written (b)		2,427,946			2,427,946							
13. Life Premiums Direct		0			0							
14. Property/Casualty Premiums Written		0			0							
15. Health Premiums Earned		2,427,946			2,427,946							
16. Property/Casualty Premiums Earned		0			0							
17. Amount Paid for Provision of Health Care Services		1,977,309			1,977,309							
18. Amount Incurred for Provision of Health Care Services		2,205,872			2,205,872							

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products2,119 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Community Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Community Insurance Company 2. Mason, OH

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0671		Ohio		2019							NAIC Company Code 10345	
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
		2	3									
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	1,957,987	23,821	379,182	56,199	372,405	195,078	155,191	179,489		596,622	
2.	First Quarter	2,055,047	28,110	386,010	57,877	401,704	202,986	157,442	190,217	0	630,701	
3.	Second Quarter	2,063,488	27,243	385,050	58,613	401,000	205,725	157,379	193,720	0	634,758	
4.	Third Quarter	2,065,579	26,360	378,906	59,104	401,436	205,703	157,437	198,253	0	638,380	
5.	Current Year	2,063,451	25,392	378,864	58,940	397,643	202,256	157,603	200,066	0	642,687	
6.	Current Year Member Months	24,729,863	325,500	4,600,421	702,736	4,808,982	2,445,038	1,889,073	2,335,386	0	7,622,727	
Total Member Ambulatory Encounters for Year:												
7.	Physician	7,117,437	101,000	1,774,162	823,670	0	0	1,314,272	3,104,333	0	0	
8.	Non-Physician	6,568,785	85,844	1,349,997	839,678	156,443	188,985	1,049,898	2,897,940	0	0	
9.	Total	13,686,222	186,844	3,124,159	1,663,348	156,443	188,985	2,364,170	6,002,273	0	0	
10.	Hospital Patient Days Incurred	497,830	4,803	88,403	51,931	0	0	76,689	276,004	0	0	
11.	Number of Inpatient Admissions	93,306	991	19,595	10,947	0	0	15,545	46,228	0	0	
12.	Health Premiums Written (b)	6,160,965,256	150,413,222	2,135,402,881	138,932,339	26,767,197	59,008,393	1,225,669,538	2,195,066,431	0	229,705,255	
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	6,149,353,838	150,413,222	2,135,402,881	138,753,059	26,767,197	59,008,393	1,214,288,758	2,195,015,073	0	229,705,255	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	5,309,120,293	109,363,782	1,764,128,033	102,232,258	18,778,822	45,018,887	1,157,966,234	1,813,496,646	0	298,135,631	
18.	Amount Incurred for Provision of Health Care Services	5,382,251,716	110,227,155	1,773,560,619	102,416,106	19,063,637	45,261,809	1,152,367,364	1,852,925,127	0	326,429,899	

(a) For health business: number of persons insured under PPO managed care products1,422,781 and number of persons insured under indemnity only products58,512 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,195,066,431

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Community Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Community Insurance Company 2. Mason, OH

NAIC Group Code		0671		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR		2019		(LOCATION)		NAIC Company Code		10345					
		1		Comprehensive (Hospital & Medical)		4		5		6		7		8		9		10			
		2		3																	
		Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefit Plan		Title XVIII Medicare		Title XIX Medicaid		Other	
Total Members at end of:																					
1. Prior Year		1,958,586		23,821		379,182		56,798		372,405		195,078		155,191		179,489		0		596,622	
2. First Quarter		2,056,157		28,110		386,010		58,987		401,704		202,986		157,442		190,217		0		630,701	
3. Second Quarter		2,064,890		27,243		385,050		60,015		401,000		205,725		157,379		193,720		0		634,758	
4. Third Quarter		2,067,367		26,360		378,906		60,892		401,436		205,703		157,437		198,253		0		638,380	
5. Current Year		2,065,570		25,392		378,864		61,059		397,643		202,256		157,603		200,066		0		642,687	
6. Current Year Member Months		24,747,790		325,500		4,600,421		720,663		4,808,982		2,445,038		1,889,073		2,335,386		0		7,622,727	
Total Member Ambulatory Encounters for Year:																					
7. Physician		7,131,776		101,000		1,774,162		838,009		0		0		1,314,272		3,104,333		0		0	
8. Non-Physician		6,584,134		85,844		1,349,997		855,027		156,443		188,985		1,049,898		2,897,940		0		0	
9. Total		13,715,910		186,844		3,124,159		1,693,036		156,443		188,985		2,364,170		6,002,273		0		0	
10. Hospital Patient Days Incurred		498,713		4,803		88,403		52,814		0		0		76,689		276,004		0		0	
11. Number of Inpatient Admissions		93,493		991		19,595		11,134		0		0		15,545		46,228		0		0	
12. Health Premiums Written (b)		6,163,393,202		150,413,222		2,135,402,881		141,360,285		26,767,197		59,008,393		1,225,669,538		2,195,066,431		0		229,705,255	
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		6,151,781,784		150,413,222		2,135,402,881		141,181,005		26,767,197		59,008,393		1,214,288,758		2,195,015,073		0		229,705,255	
16. Property/Casualty Premiums Earned		0		0		0		0		0		0		0		0		0		0	
17. Amount Paid for Provision of Health Care Services		5,311,097,602		109,363,782		1,764,128,033		104,209,567		18,778,822		45,018,887		1,157,966,234		1,813,496,646		0		298,135,631	
18. Amount Incurred for Provision of Health Care Services		5,384,457,588		110,227,155		1,773,560,619		104,621,978		19,063,637		45,261,809		1,152,367,364		1,852,925,127		0		326,429,899	

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Community Insurance Company

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
NONE												
9999999 - Totals												

SCHEDULE S - PART 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2019 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	380,346,405		3,414,234	0	0	0	0
0299999. General Account - Authorized U.S. Affiliates - Other							380,346,405	0	3,414,234	0	0	0	0
0399999. Total General Account - Authorized U.S. Affiliates							380,346,405	0	3,414,234	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							380,346,405	0	3,414,234	0	0	0	0
70815	06-0838648	03/01/2018	Hartford Life and Accident Insurance Company	CT	QA/G	OH	69,906			0	0	0	0
0899999. General Account - Authorized U.S. Non-Affiliates							69,906	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							69,906	0	0	0	0	0	0
1199999. Total General Account Authorized							380,416,311	0	3,414,234	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							380,416,311	0	3,414,234	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, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							380,416,311	0	3,414,234	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							380,416,311	0	3,414,234	0	0	0	0

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

SCHEDULE S - PART 6

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

	1 2019	2 2018	3 2017	4 2016	5 2015
A. OPERATIONS ITEMS					
1. Premiums	380,416	260,525	0	798	939
2. Title XVIII - Medicare	0	0	0	0	0
3. Title XIX - Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance	10				
5. Total hospital and medical expenses	356,256	241,505	1,213		20,160
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	36,219	25,312	0	2,144	2,344
8. Reinsurance recoverable on paid losses	30,379	20,010	2,718	14,857	15,187
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)					

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)	1,039,367,530		1,039,367,530
2. Accident and health premiums due and unpaid (Line 15)	183,058,059	37,075,421	220,133,480
3. Amounts recoverable from reinsurers (Line 16.1)	30,378,956	(30,378,956)	0
4. Net credit for ceded reinsurance	XXX	2,964,888	2,964,888
5. All other admitted assets (Balance)	673,520,813	2,697,931	676,218,744
6. Total assets (Line 28)	1,926,325,358	12,359,284	1,938,684,642
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	488,629,734	36,219,298	524,849,032
8. Accrued medical incentive pool and bonus payments (Line 2)	36,032,999		36,032,999
9. Premiums received in advance (Line 8)	47,594,589		47,594,589
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)	580,329,946	(23,860,014)	556,469,932
15. Total liabilities (Line 24)	1,152,587,268	12,359,284	1,164,946,552
16. Total capital and surplus (Line 33)	773,738,090	XXX	773,738,090
17. Total liabilities, capital and surplus (Line 34)	1,926,325,358	12,359,284	1,938,684,642
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	36,219,298		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	30,378,956		
22. Other ceded reinsurance recoverables	(2,697,931)		
23. Total ceded reinsurance recoverables	63,900,323		
24. Premiums receivable	37,075,421		
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	23,860,014		
30. Total ceded reinsurance payables/offsets	60,935,435		
31. Total net credit for ceded reinsurance	2,964,888		

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

Allocated by States and Territories

States, Etc.		Direct Business Only				
		1	2	3	4	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	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 2019 OF THE Community Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership 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.		26-0308991		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.		82-1800037		0001156039		AMERIGROUP Delaware, Inc.	DE	NIA	Anthem Partnership Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	16168	81-4131800		0001156039		Amerigroup District of Columbia, Inc.	DC	IA	Anthem Partnership Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	16455	82-3743168		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 Insurance Company	TX	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	15807	47-3863197		0001156039		AMERIGROUP Iowa, Inc.	IA	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		45-4985009		0001156039		Amerigroup IPA of New York, LLC	NY	NIA	CareMore, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	14276	45-3358287		0001156039		Amerigroup Kansas, Inc.	KS	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	95832	51-0387398		0001156039		AMERIGROUP Maryland, Inc.	MD	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	16145	81-4626605		0001156039		Amerigroup Mississippi, Inc.	MS	IA	Anthem Partnership Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	95373	22-3375292		0001156039		AMERIGROUP New Jersey, Inc.	NJ	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	10767	13-4212818		0001156039		AMERIGROUP Ohio, Inc.	OH	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	15994	81-2781685		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.		36-3897080		0001156039		Amerigroup Partnership Plan, LLC	IL	NIA	UNICARE Illinois Services, Inc.	Ownership	25.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	16339	82-3734368		0001156039		Amerigroup Pennsylvania, Inc.	PA	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	12941	20-4776597		0001156039		AMERIGROUP Tennessee, Inc.	TN	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	95314	75-2603231		0001156039		AMERIGROUP Texas, Inc.	TX	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	14073	27-3510384		0001156039		AMERIGROUP Washington, Inc.	WA	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	12229	06-1696189		0001156039		AMGP Georgia Managed Care Company, Inc.	GA	IA	AMERIGROUP Corporation	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	16553	83-2435050		0001156039		AMH Health, LLC	ME	IA	Anthem Partnership Holding Company, LLC	Ownership	50.000	Anthem, Inc.	N	.0102
.0671	Anthem, Inc.		95-4331852		0001156039		Anthem Blue Cross Life and Health Insurance Company	CA	IA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		35-1898945		0001156039		Anthem Financial, Inc.	DE	NIA	Associated Group, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	95120	61-1237516		0001156039		Anthem Health Plans of Kentucky, Inc.	KY	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	52618	31-1705652		0001156039		Anthem Health Plans of Maine, Inc.	ME	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	53759	02-0510530		0001156039		Anthem Health Plans of New Hampshire, Inc.	NH	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	71835	54-0357120	40003317	0001156039		Anthem Health Plans of Virginia, Inc.	VA	IA	Anthem Southeast, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	60217	06-1475928		0001156039		Anthem Health Plans, Inc.	CT	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		61-1459939		0001156039		Anthem Holding Corp.	IN	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		35-2145715		0001156039	New York Stock Exchange (NYSE)	Anthem, Inc.	IN	UIP				Anthem, Inc.	N	
.0671	Anthem, Inc.		98-1492098		0001156039		Anthem Innovation Israel Ltd	ISR	NIA	Legato Holdings I, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	28207	35-0781558		0001156039		Anthem Insurance Companies, Inc.	IN	IA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	15543	47-0992859		0001156039		Anthem Kentucky Managed Care Plan, Inc.	KY	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	13573	20-5876774		0001156039		Anthem Life & Disability Insurance Company	NY	IA	WellPoint Acquisition, LLC	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.	61069	35-0980405		0001156039		Anthem Life Insurance Company	IN	IA	Service, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		81-3974489		0001156039		Anthem Partnership Holding Company, LLC	DE	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		46-0613946		0001156039		Anthem Services Company, LLC	IN	NIA	The Anthem Companies, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		32-0031791		0001156039		Anthem Southeast, Inc.	IN	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		35-2129194		0001156039		Anthem UM Services, Inc.	IN	NIA	UNICARE Specialty Services, Inc.	Ownership	100.000	Anthem, Inc.	N	
.0671	Anthem, Inc.		30-0606541		0001156039		Anthem Workers' Compensation, LLC	IN	NIA	Company	Ownership	75.000	Anthem, Inc.	N	.0109
.0671	Anthem, Inc.		30-0606541		0001156039		Anthem Workers' Compensation, LLC	IN	NIA	HealthLink, Inc.	Ownership	25.000	Anthem, Inc.	N	.0109
.0671	Anthem, Inc.		80-0531799		0001156039		Applied Pathways, LLC	IL	NIA	American Imaging Management, Inc.	Ownership	53.520	Anthem, Inc.	N	.0108
.0671	Anthem, Inc.		80-0531799		0001156039		Applied Pathways, LLC	IL	NIA	HEP AP Holdings, Inc.	Ownership	46.480	Anthem, Inc.	N	.0108
.0671	Anthem, Inc.		95-4640529		0001156039		Arcus Enterprises, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	N	

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Community Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Per-cent-age	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0671	Anthem, Inc.		90-1057454		0001156039		Aspire Health, Inc.	DE	NIA	Nash Holding Company, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		35-1292384		0001156039		Associated Group, Inc.	IN	NIA	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.	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
							Blue Cross of California Partnership Plan, Inc.								
.0671	Anthem, Inc.		20-2994048		0001156039		Inc.	CA	IA	Blue Cross of California	Ownership	100.000	Anthem, Inc.	.N	.0101
.0671	Anthem, Inc.		84-1782311		0001156039		CareMarket, Inc.	IN	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	.N	
.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	NIA	CareMore Health System	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		32-0373216		0001156039		CareMore, LLC	IN	NIA	CareMore Health System	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		20-2076421		0001156039		CareMore Health System	CA	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		58-2217138		0001156039		Cerulean Companies, Inc.	GA	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		39-1413702		0001156039		Claim Management Services, Inc.	WI	NIA	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
							Community Care Health Plan of Louisiana, Inc.								
.0671	Anthem, Inc.	14064	26-4674149		0001156039			LA	IA	Anthem Partnership Holding Company, LLC	Ownership	75.000	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	
							Compcare Health Services Insurance Corporation								
.0671	Anthem, Inc.	95693	39-1462554		0001156039			WI	IA	Blue Cross Blue Shield of Wisconsin	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		20-0334650		0001156039		Crossroads Acquisition Corp.	DE	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		82-3027094		0001156039		DBG Holdings, Inc.	IN	NIA	Anthem, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		41-1905556		0001156039		DeCare Analytics, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		02-0574609		0001156039		DeCare Dental Health International, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.				0001156039		DeCare Dental Insurance Ireland, Ltd.	IRL	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		73-1665525		0001156039		DeCare Dental Networks, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		01-0822645		0001156039		DeCare Dental, LLC	MN	NIA	Anthem Holding Corp.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.				0001156039		DeCare Operations Ireland, Limited	IRL	NIA	DeCare Dental, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		20-0660775		0001156039		Delivery Network, LLC	FL	NIA	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		26-2544715		0001156039		Designated Agent Company, Inc.	KY	NIA	Anthem Health Plans of Kentucky, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		27-2844373		0001156039		EasyScripts Outlier Bay, LLC	FL	NIA	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		26-2974996		0001156039		EasyScripts Hialeah, LLC	FL	NIA	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		30-0478573		0001156039		EasyScripts LLC	FL	NIA	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		46-0613819		0001156039		EasyScripts Westchester, LLC	FL	NIA	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		13-3934328		0001156039		EHC Benefits Agency, Inc.	NY	NIA	WellPoint Holding Corp	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.	55093	23-7391136		0001156039		Empire HealthChoice Assurance, Inc.	NY	IA	WellPoint Holding Corp	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.	95433	13-3874803		0001156039		Empire HealthChoice HMO, Inc.	NY	IA	Empire HealthChoice Assurance, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		26-4286154		0001156039		Federal Government Solutions, LLC	WI	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.	10119	41-2128275		0001156039		Freedom Health, Inc.	FL	IA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		33-0884790		0001156039		GeniNet Physician Services, Inc.	CA	NIA	CareMore Health System	Ownership	50.000	Anthem, Inc.	.N	.0102
.0671	Anthem, Inc.		20-1378912		0001156039		Global TPA, LLC	FL	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		95-2907752		0001156039		Golden West Health Plan, Inc.	CA	IA	WellPoint California Services, Inc.	Ownership	100.000	Anthem, Inc.	.N	.0101
							Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.								
.0671	Anthem, Inc.	97217	58-1473042		0001156039		Greater Georgia Life Insurance Company	GA	IA	Georgia, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		51-0365660		0001156039		Health Core, Inc.	DE	NIA	Arcus Enterprises, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		54-1237939		0001156039		Health Management Corporation	VA	NIA	Southeast Services, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		36-3897701		0001156039		Health Ventures Partner, L.L.C.	IL	NIA	UNICARE National Services, Inc.	Ownership	100.000	Anthem, Inc.	.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	

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Community Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/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
							Rocky Mountain Hospital and Medical Service, Inc.								
.0671	Anthem, Inc.	95473	84-1017384		0001156039		HMO Colorado, Inc.	CO	IA	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.				0001156039		Human Resource Associates, LLC	FL	NIA	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		75-2619605		0001156039		Imaging Management Holdings, L.L.C.	DE	NIA	ATH Holding Company, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		82-3062245		0001156039		IngenioRX, Inc.	IN	NIA	DBG Holdings, Inc.	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		98-1397080		0001156039		Legato Health Technologies LLP	IN	NIA	Legato Holdings I, Inc.	Ownership	100.000	Anthem, Inc.	.N	.0105
							Legato Health Technologies Philippines, Inc.								
.0671	Anthem, Inc.		98-1490582		0001156039			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, LLC	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	
							Anthem Health Plans of New Hampshire, Inc.								
.0671	Anthem, Inc.	95527	02-0494919		0001156039		Matthew Thornton Health Plan, Inc.	NH	IA		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	
							Compcare Health Services Insurance Corporation								
.0671	Anthem, Inc.		39-2013971		0001156039		Meridian Resource Company, LLC	WI	NIA		Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		82-4684953		0001156039		Momentum Health Partners, LLC	NC	NIA	Anthem Partnership Holding Company, LLC	Ownership	50.000	Anthem, Inc.	.N	.0102
.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.		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	
.0671	Anthem, Inc.		26-0813665		0001156039		Pasteur Medical Partners, LLC	FL	NIA	HealthSun Holdings, LLC	Ownership	100.000	Anthem, Inc.	.N	
.0671	Anthem, Inc.		56-2396739		0001156039		Resolution Health, Inc.	DE	NIA	Anthem Southeast, Inc.	Ownership	100.000	Anthem, Inc.	.N	

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Community Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0671	Anthem, Inc.		47-0851593		0001156039		RightCHOICE Managed Care, Inc. Rocky Mountain Hospital and Medical Service, Inc.	DE	NIA	Anthem Holding Corp.	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.	.11011	84-0747736		0001156039			CO	IA	ATH Holding Company, LLC	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		20-0473316		0001156039		SellCore, Inc.	DE	NIA	Anthem, Inc.	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.	.13726	27-0945036		0001156039		Simply Healthcare Plans, Inc.	FL	IA	AMERIGROUP Corporation	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		55-0712302		0001156039		Southeast Services, Inc.	VA	NIA	Anthem Southeast, Inc.	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		45-4071004		0001156039		State Sponsored Services, Inc.	IN	NIA	UNICARE Specialty Services, Inc.	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		35-1835818		0001156039		The Anthem Companies, Inc.	IN	NIA	ATH Holding Company, LLC	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		45-5443372		0001156039		The Anthem Companies of California, Inc.	CA	NIA	ATH Holding Company, LLC	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		43-1967924		0001156039		TrustSolutions, LLC	WI	NIA	Federal Government Solutions, LLC	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.	.11810	84-1620480		0001156039		UNICARE Health Plan of West Virginia, Inc.	WV	IA	UNICARE National Services, Inc.	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		36-3899137		0001156039		UNICARE Illinois Services, Inc.	IL	NIA	UNICARE National Services, Inc.	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.	.80314	52-0913817		0001156039		UNICARE Life & Health Insurance Company	IN	IA	UNICARE National Services, Inc.	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		95-4635507		0001156039		UNICARE National Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		77-0494551		0001156039		UNICARE Specialty Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		82-3300542		0001156039		Valus, Inc.	IN	NIA	DBG Holdings, Inc.	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		20-0660563		0001156039		WellMax Health Medical Centers, LLC	FL	NIA	Delivery Network, LLC	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		20-0660644		0001156039		WellMax Health Physicians Network, LLC	FL	NIA	Delivery Network, LLC	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		20-4405193		0001156039		WellPoint Acquisition, LLC	IN	NIA	Anthem, Inc.	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		95-4640531		0001156039		WellPoint California Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		95-4657170		0001156039		WellPoint Dental Services, Inc.	DE	NIA	UNICARE Specialty Services, Inc.	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		81-2874917		0001156039		WellPoint Health Solutions, Inc.	DE	NIA	Federal Government Solutions, LLC	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		20-3620996		0001156039		WellPoint Holding Corp	DE	NIA	Anthem, Inc.	Ownership.....	100.000	Anthem, Inc. ....	.N	
							WellPoint Information Technology Services, Inc.								
.0671	Anthem, Inc.		45-2736438		0001156039			CA	NIA	Blue Cross of California	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		36-4595641		0001156039		WellPoint Insurance Services, Inc.	HI	NIA	Anthem, Inc.	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.		47-2546820		0001156039		WellPoint Military Care Corporation	IN	NIA	Federal Government Solutions, LLC	Ownership.....	100.000	Anthem, Inc. ....	.N	
.0671	Anthem, Inc.	.15929	47-5569628		0001156039		Wisconsin Collaborative Insurance Company	WI	IA	Crossroads Acquisition Corp.	Ownership.....	55.000	Anthem, Inc. ....	.N	.0110
.0671	Anthem, Inc.		20-8672847		0001156039		WPMI, LLC	DE	NIA	ATH Holding Company, LLC	Ownership.....	69.910	Anthem, Inc. ....	.N	.0103

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	25% 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.
0109	Anthem Worker's Compensation, LLC is owned 75% by Anthem Blue Cross Life and Health Insurance Company and 25% by HealthLink, Inc.
0110	45% of WCIC is owned by Aurora Health Care, Inc. (non-affiliate) and 55% by Crossroads Acquisition Corp

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	36-3692630	American Imaging Management, Inc.					(340,361,720)				(340,361,720)	
15544	46-4729682	America's 1st Choice of South Carolina, Inc.					(303,992)				(303,992)	
12354	20-2073598	AMERIGROUP Community Care of New Mexico, Inc.		(54,976,214)			(2,336,204)				(57,312,418)	
	54-1739323	AMERIGROUP Corporation					58,616,140				58,616,140	
16168	81-4131800	AMERIGROUP District of Columbia, Inc.					(29,262,222)				(29,262,222)	
16455	82-3743168	Amerigroup Health Plan of Louisiana, Inc.										
							(815)				(815)	
14078	45-2485907	AMERIGROUP Insurance Company					(74,490,686)				(74,490,686)	
	45-4985009	Amerigroup IPA of New York, LLC					(20,029,433)				(20,029,433)	
15807	47-3863197	AMERIGROUP Iowa, Inc.		55,000,000			(121,902,155)				(66,902,155)	
14276	45-3358287	AMERIGROUP Kansas, Inc.		(150,000,000)			(2,892,704)				(152,892,704)	
95832	51-0387398	AMERIGROUP Maryland, Inc.	(90,000,000)				(119,448,085)				(209,448,085)	
16145	81-4626605	AMERIGROUP Mississippi, Inc.					1,622				1,622	
95373	22-3375292	AMERIGROUP New Jersey, Inc.					(114,962,141)				(114,962,141)	
10767	13-4212818	AMERIGROUP Ohio, Inc.	(1,251,968)	(7,248,032)			(30,872)				(8,530,872)	
15994	81-2781685	AMERIGROUP Oklahoma, Inc.					(10,784)				(10,784)	
	36-3897080	Amerigroup Partnership Plan, LLC					(151,572,896)				(151,572,896)	
16339	82-3734368	AMERIGROUP Pennsylvania, Inc.					511				511	
12941	20-4776597	AMERIGROUP Tennessee, Inc.					(146,168,275)				(146,168,275)	
95314	75-2603231	AMERIGROUP Texas, Inc.		25,000,000			(573,506,837)				(548,506,837)	
14073	27-3510384	AMERIGROUP Washington, Inc.	(15,100,000)				(71,153,850)				(86,253,850)	
12229	06-1696189	AMGP Georgia Managed Care Company, Inc.	(15,300,000)				(163,354,941)				(178,654,941)	
16553	83-2435050	AMH Health, LLC		6,500,000			(177,344)				6,322,656	
62825	95-4331852	Anthem Blue Cross Life and Health Insurance Company, Inc.	(180,100,000)				(1,033,705,467)	52,186,143			(1,161,619,324)	220,141,017
95120	61-1237516	Anthem Health Plans of Kentucky, Inc.	(190,000,000)				(393,954,739)	(9,361,065)			(593,315,804)	25,847,747
52618	31-1705652	Anthem Health Plans of Maine, Inc.	(58,600,000)				(118,993,095)				(177,593,095)	
53759	02-0510530	Anthem Health Plans of New Hampshire, Inc.					(88,170,097)				(88,170,097)	
71835	54-0357120	Anthem Health Plans of Virginia, Inc.	(350,000,000)				(556,933,088)	(27,798,003)			(934,731,091)	109,950,079
60217	06-1475928	Anthem Health Plans, Inc.	(79,700,000)				(288,375,996)				(368,075,996)	
28207	35-0781558	Anthem Insurance Companies, Inc.	(425,000,000)				(1,352,367,602)	(2,639,172)			(1,780,006,774)	(102,424,008)
15543	47-0992859	Anthem Kentucky Managed Care Plan, Inc.					(59,615,003)				(59,615,003)	
13573	20-5876774	Anthem Life and Disability Insurance Company					(3,001,752)				(3,001,752)	
61069	35-0980405	Anthem Life Insurance Company	0				(41,325,404)	31,032,881			(10,292,523)	(142,812,135)
	81-3974489	Anthem Partnership Holding Company, LLC	0				(19,841,956)				(19,841,956)	
	46-0613946	Anthem Services Company, LLC					50,295,416				50,295,416	
	35-2145715	Anthem, Inc.	3,595,051,968	(19,275,754)			6,006,236,160				9,582,012,374	
15544	46-4729682	APC Passe, LLC						(181,235,982)			(181,235,982)	189,070,842
	90-1057454	Aspire Health, Inc.	0				(70,607,205)				(70,607,205)	
	11-3713086	ATH Holding Company, LLC					(46,293,396)				(46,293,396)	

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
96962	58-1638390	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	(241,700,000)				(875,259,237)				(1,116,959,237)	
54003	39-0138065	Blue Cross Blue Shield of Wisconsin	(110,000,000)				(128,448,232)	(7,269,339)			(245,717,571)	33,349,826
	95-3760980	Blue Cross of California	(450,000,000)				(2,051,273,729)				(2,501,273,729)	
	20-2994048	Blue Cross of California Partnership Plan, Inc.	(250,000,000)				(324,300,331)				(574,300,331)	
	95-4694706	Caremore Health Plan	(20,000,000)				842,178,067				822,178,067	
13562	38-3975280	Caremore Health Plan of Arizona, Inc.					114,349,659				114,349,659	
13605	26-4001602	Caremore Health Plan of Nevada					80,400,533				80,400,533	
16345	82-1853423	CCHA, LLC					(7,373)	(4,377,672)			(4,385,045)	30,037,985
14064	26-4674149	Community Care Health Plan of Louisiana, Inc.					(82,616,318)				(82,616,318)	
12586	20-3317697	Community Care Health Plan of Nevada, Inc.					(78,522,461)				(78,522,461)	
10345	31-1440175	Community Insurance Company	(386,600,000)				(992,659,788)	(20,767,702)			(1,400,027,490)	66,564,801
95693	39-1462554	Compcare Health Services Insurance Corporation	(24,000,000)				(144,626,584)				(168,626,584)	
	01-0822645	DeCare Dental, LLC					(44,481,913)				(44,481,913)	
55093	23-7391136	Empire HealthChoice Assurance, Inc.	(80,000,000)	(15,000,000)			(558,951,472)				(653,951,472)	
95433	13-3874803	Empire HealthChoice HMO, Inc.		15,000,000			(96,242,446)				(81,242,446)	
10119	41-2128275	Freedom Health, Inc.	(6,600,000)				(89,884,486)				(96,484,486)	
	95-2907752	Golden West Health Plan, Inc.					(826,876)				(826,876)	
97217	58-1473042	Greater Georgia Life Insurance Company					(9,903,337)				(9,903,337)	
	51-0365660	Health Core, Inc.					(26,801,381)				(26,801,381)	
	54-1237939	Health Management Corporation					(240,846,223)				(240,846,223)	
95169	54-1356687	HealthKeepers, Inc.	(75,000,000)				(518,708,076)	(8,968,740)			(602,676,816)	
96475	43-1616135	HealthLink HMO, Inc.					4,171,276				4,171,276	
	43-1364135	HealthLink, Inc.					(45,731,260)				(45,731,260)	
	13-3865627	HealthPlus LLC					(224,762,586)				(224,762,586)	
10122	20-0982649	HealthSun Health Plans, Inc.	(44,000,000)				(75,779,865)				(119,779,865)	
	20-0660168	HealthSun Management, LLC					(50,680,602)				(50,680,602)	
78972	86-0257201	Healthy Alliance Life Insurance Company	(200,200,000)				(285,898,278)				(486,098,278)	
95473	84-1017384	HMO Colorado, Inc.	(80,000,000)				(198,196,328)				(278,196,328)	
95358	37-1216698	HMO Missouri, Inc.	(18,000,000)				(4,949,464)				(22,949,464)	
	82-3062245	IngenioRx, Inc.					(195,947,061)				(195,947,061)	
	98-1397080	Legato Health Technologies LLC					99,420,232				99,420,232	
95527	02-0494919	Matthew Thornton Health Plan, Inc.	(50,000,000)				(86,033,164)				(136,033,164)	
	39-2013971	Meridian Resource Company, LLC	(16,000,000)				(29,321,873)				(45,321,873)	
12259	20-1336412	Optimum Healthcare, Inc.	(12,800,000)				(59,401,638)				(72,201,638)	
	47-0851593	RightCHOICE Managed Care, Inc.					(24,229,799)				(24,229,799)	
11011	84-0747736	Rocky Mountain Hospital and Medical Service, Inc.	(70,000,000)				(272,229,111)	(14,629,215)			(356,858,326)	52,766,767
13726	27-0945036	Simply Healthcare Plans, Inc.	(46,600,000)				(321,465,982)				(368,065,982)	
	45-5443372	The Anthem Companies of California, Inc.					143,211,586				143,211,586	

SCHEDULE Y

PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	35-1835818	The Anthem Companies, Inc.					6,463,929,276				6,463,929,276	
11810	84-1620480	UNICARE Health Plan of West Virginia, Inc.										
			(8,500,000)				(50,613,422)				(59,113,422)	
80314	52-0913817	UNICARE Life & Health Insurance Company		145,000,000			(72,505,355)	93,930,815			166,425,460	(301,644,703)
	45-2736438	WellPoint Information Technology Services										
							430,674,292				430,674,292	
	36-4595641	WellPoint Insurance Services, Inc.					(8,429,366)	99,897,051			91,467,685	(180,848,218)
15929	47-5569628	Wisconsin Collaborative Insurance Company										
							(17,798,597)				(17,798,597)	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 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]
	
13.	SIS Stockholder Information Supplement [Document Identifier 420]
	
14.	Participating Opinion for Exhibit 5 [Document Identifier 371]
	
15.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]
	
16.	Medicare Part D Coverage Supplement [Document Identifier 365]
	
17.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
	
18.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
	
19.	Relief from the Requirements for Audit Committees [Document Identifier 226]
	
20.	Long-Term Care Experience Reporting Forms [Document Identifier 306]
	
21.	Life Supplement [Document Identifier 211]
	



SUPPLEMENT FOR THE YEAR 2019 OF THE Community Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
(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 2016				Policies Issued in 2017; 2018; 2019			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	APLANAM(17)-IN-T	A	NO	0034060	02/12/2018				Modernized Plan A	0	0	0.0	0	0	0	0.0	0
YES	APLANFM(17)-IN-T	F	NO	0034000	02/12/2018				Modernized Plan F	0	0	0.0	0	2,427,946	2,205,872	90.9	2,119
0199999. Total Experience on Individual Policies										0	0	0.0	0	2,427,946	2,205,872	90.9	2,119

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: 4241 Irwin Simpson road Mason , OH 45040

2.2 Contact Person and Phone Number: Tina Seger 513-336-3396
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 2019 OF THE Community Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
(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 2016				Policies Issued in 2017; 2018; 2019			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	PD003	P	NO	0200560	10/29/1991			01/01/1992	Medicomp 2	1,220,488	680,547	55.8	283	0	0	0.0	0
YES	PD009	P	NO	0204060	07/18/1990			01/01/1992	Mediplus Standard	9,268	4,534	48.9	3	0	0	0.0	0
YES	PD010	P	NO	0200560	10/29/1991			01/01/1992	Medicomp 1	23,091	30,194	130.8	12	0	0	0.0	0
YES	PD011	A	NO	0204060	03/10/1992			06/01/2010	Medicomp A	131,963	262,789	199.1	13	0	0	0.0	0
YES	PD014	D	NO	0204000	03/10/1992			06/01/2010	Medicomp D	245,186	168,761	68.8	47	0	0	0.0	0
YES	PD021	P	NO	0200560	01/21/1992			01/01/1992	Medicomp 3	81,337	47,501	58.4	9	0	0	0.0	0
YES	PD027	A	NO	0034000	08/31/1994			06/01/2010	Insurance for One, Medicare Supplement Plan A - Attained Age	80,686	60,847	75.4	34	0	0	0.0	0
YES	PD028	C	NO	0034000	08/31/1994			06/01/2010	Insurance for One, Medicare Supplement Plan C - Attained Age	8,782,709	5,765,483	65.6	2,293	0	0	0.0	0
YES	PD029	F	NO	0034000	08/31/1994			06/01/2010	Insurance for One, Medicare Supplement Plan F - Attained Age	6,452,132	3,814,224	59.1	1,651	0	0	0.0	0
YES	PD030	I	NO	0034000	08/31/1994			01/01/2006	Insurance for One, Medicare Supplement Plan I - Attained Age	436,922	200,919	46.0	97	0	0	0.0	0
YES	PD031	B	NO	0034000	10/11/1994			06/01/2010	Insurance for One, Medicare Supplement Plan B - Attained Age	140,884	85,681	60.8	42	0	0	0.0	0
YES	PD032	D	NO	0034000	10/11/1994			06/01/2010	Insurance for One, Medicare Supplement Plan D - Attained Age	208,332	149,300	71.7	56	0	0	0.0	0
YES	PD033	E	NO	0034000	10/11/1994			06/01/2010	Insurance for One, Medicare Supplement Plan E - Attained Age	29,075	11,510	39.6	8	0	0	0.0	0
YES	PD034	G	NO	0034000	10/11/1994			06/01/2010	Insurance for One, Medicare Supplement Plan G - Attained Age	321,845	165,531	51.4	93	0	0	0.0	0
YES	PD035	H	NO	0034000	10/11/1994			01/01/2006	Insurance for One, Medicare Supplement Plan H - Attained Age	153,962	87,936	57.1	39	0	0	0.0	0
YES	CG008	P	NO	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	NO	0034060	06/01/2010				Modernized MedSupp Plan A	160,702	220,584	137.3	53	15,186	13,910	91.6	12
YES	WPPLANFM(09)-OH	F	NO	0034000	06/01/2010				Modernized MedSupp Plan F	42,124,143	28,528,234	67.7	13,617	6,934,715	4,861,934	70.1	2,545
YES	WPPLANGM(09)-OH	G	NO	0034000	06/01/2010				Modernized MedSupp Plan G	888,946	729,145	82.0	272	1,710,279	1,443,724	84.4	1,392
YES	WPPLANHIFM(09)-OH	F	NO	0034000	06/01/2010				Modernized MedSupp Plan High F	931,013	583,206	62.6	778	32,932	1,340	4.1	104

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SUPPLEMENT FOR THE YEAR 2019 OF THE Community Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
(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 2016				Policies Issued in 2017; 2018; 2019			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	WPPLANNM(09)-OH	N	NO	0034000	06/01/2010				Modernized MedSupp Plan N	5,490,681	4,165,558	75.9	2,813	3,161,880	2,123,116	67.1	2,088
YES	WPPLANFSelectM(11)-OH	F	YES	0034000	01/01/2012				Modernized Select MedSupp Plan F	3,262,571	2,243,546	68.8	1,273	822,278	715,156	87.0	263
YES	WPPLANHIFSelectM(11)-OH	F	YES	0034000	01/01/2012				Modernized Select MedSupp Plan High F	71,328	49,111	68.9	76	245	75	30.6	1
YES	WPPLANGSelectM(11)-OH	G	YES	0034000	01/01/2012				Modernized Select MedSupp Plan G	711,902	317,216	44.6	433	18,419,713	15,145,639	82.2	14,970
YES	WPPLANNSelectM(11)-OH	N	YES	0034000	01/01/2012				Modernized Select MedSupp Plan N	1,124,081	854,589	76.0	762	714,143	472,499	66.2	463
0199999. Total Experience on Individual Policies										73,083,247	49,226,946	67.4	24,757	31,811,371	24,777,393	77.9	21,838
YES	PD023	A	NO	0030500	06/14/1994			06/01/2010	Insurance for One, Medicare Supplement Plan A	0	0	0.0	0	0	0	0.0	0
YES	PD024	C	NO	0030500	06/14/1994			06/01/2010	Insurance for One, Medicare Supplement Plan C	23,209	43,516	187.5	7	0	0	0.0	0
YES	PD025	F	NO	0030500	06/14/1994			06/01/2010	Insurance for One, Medicare Supplement Plan F	7,048	3,803	54.0	2	0	0	0.0	0
YES	PD026	I	NO	0030500	06/14/1994			01/01/2006	Insurance for One, Medicare Supplement Plan I	0	0	0.0	0	0	0	0.0	0
YES	PD037	C	YES	0234000	07/26/1995			06/01/2010	Insurance for One, Medicare Select Plan C	5,832,811	4,671,970	80.1	2,080	0	0	0.0	0
YES	PD038	F	YES	0234000	07/26/1995			06/01/2010	Insurance for One, Medicare Select Plan F	1,854,437	1,438,348	77.6	675	0	0	0.0	0
YES	TA010	A	NO	0234000	09/09/1993			06/01/2010	Insurance for One, Medicare Supplement Plan A	161,247	107,338	66.6	96	0	0	0.0	0
YES	TA011	C	NO	0234000	09/09/1993			06/01/2010	Insurance for One, Medicare Supplement Plan C	11,876,595	10,549,327	88.8	4,340	0	0	0.0	0
YES	TA012	F	NO	0234000	09/09/1993			06/01/2010	Insurance for One, Medicare Supplement Plan F	13,314,818	10,928,866	82.1	4,842	0	0	0.0	0
YES	TA013	I	NO	0234000	09/09/1993			01/01/2006	Insurance for One, Medicare Supplement Plan I	788,276	668,599	84.8	303	0	0	0.0	0
0299999. Total Experience on Group Policies										33,858,441	28,411,767	83.9	12,345	0	0	0.0	0



SUPPLEMENT FOR THE YEAR 2019 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: 4241 Irwin Simpson road Mason , OH 45040
2.2 Contact Person and Phone Number: Tina Seger 513-336-3396
- 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".

ALPHABETICAL INDEX

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