



**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)						
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)						
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)				
<b>OFFICERS</b>							
President/Chairperson	Steven John Martenet		Vice President/Treasurer	Vincent Edward Scher			
Vice President/Secretary	Kathleen Susan Kiefer		Assistant Secretary	Kristin Kim Cherie Howard			
<b>OTHER</b>							
Eric (Rick) Kenneth Noble, Assistant Treasurer							
<b>DIRECTORS OR TRUSTEES</b>							
Laurie Helm Benintendi	Ronald William Penczek		Kathleen Susan Kiefer				
Steven John Martenet	Heather Chockley Steinmeyer #						
State of County of	Ohio	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 Kieter  
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 14 day of February 2020  
by STEVEN JOHN MATHIAS  
Notary Douglas A. Blaylock



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

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Community Insurance Company

## **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

## ANNUAL STATEMENT FOR THE YEAR 2019 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.	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

## ANNUAL STATEMENT FOR THE YEAR 2019 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 .....	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.

## ANNUAL STATEMENT FOR THE YEAR 2019 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	2,040,580	63,844	27,791	11,222	16,534	2,159,971
0399999. Aggregate accounts not individually listed-covered	107,760,398	2,944,897	1,322,129	576,303	5,650,812	118,254,539
0499999. Subtotals	109,800,978	3,008,741	1,349,920	587,525	5,667,346	120,414,510
0599999. Unreported claims and other claim reserves						404,434,522
0699999. Total amounts withheld						
0799999. Total claims unpaid						524,849,032
0899999 Accrued medical incentive pool and bonus amounts						36,032,999

## ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Community Insurance Company

**EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Anthem, Inc.	57,702,167					57,702,167	
0199999. Individually listed receivables	57,702,167	0	0	0	0	57,702,167	0
0299999. Receivables not individually listed							
0399999 Total gross amounts receivable	57,702,167	0	0	0	0	57,702,167	0

## ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Community Insurance Company

## **EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

## ANNUAL STATEMENT FOR THE YEAR 2019 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 .....	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 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 .....	26,235,032	2,186,253		
	Logisticare Solutions .....	2,751,951	229,329		
99999999 Totals		28,986,983	XXX	XXX	XXX

## ANNUAL STATEMENT FOR THE YEAR 2019 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	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

(LOCATION)

NAIC Group Code	0671	BUSINESS IN THE STATE OF	Indiana	DURING THE YEAR					2019	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	
<b>Total Members at end of:</b>											
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							
<b>Total Member Ambulatory Encounters for Year:</b>											
7 Physician		14,339		14,339							
8. Non-Physician		15,349		15,349							
9. Total		29,688	0	29,688	0	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 products ..... 2,119 ..

(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

(LOCATION)

NAIC Group Code	0671	BUSINESS IN THE STATE OF	Ohio	DURING THE YEAR					2019	NAIC Company Code	10345
				1	2	3	4	5			
		Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	8	9	10	
			Individual	Group							
<b>Total Members at end of:</b>											
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
<b>Total Member Ambulatory Encounters for Year:</b>											
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 products 1,422,781 and number of persons insured under indemnity only products 58,512.

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



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

(LOCATION)

NAIC Group Code	0671	BUSINESS IN THE STATE OF	Grand Total		DURING THE YEAR				NAIC Company Code	10345		
			Comprehensive (Hospital & Medical)		4	5	6	7				
			2	3								
			Total	Individual	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan				
<b>Total Members at end of:</b>												
1. Prior Year			1,958,586	23,821	379,182	56,798	372,405	195,078	155,191	179,489		
2. First Quarter			2,056,157	28,110	386,010	58,987	401,704	202,986	157,442	190,217		
3. Second Quarter			2,064,890	27,243	385,050	60,015	401,000	205,725	157,379	193,720		
4. Third Quarter			2,067,367	26,360	378,906	60,892	401,436	205,703	157,437	198,253		
5. Current Year			2,065,570	25,392	378,864	61,059	397,643	202,256	157,603	200,066		
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		
<b>Total Member Ambulatory Encounters for Year:</b>												
7 Physician			7,131,776	101,000	1,774,162	838,009	0	0	1,314,272	3,104,333		
8. Non-Physician			6,584,134	85,844	1,349,997	855,027	156,443	188,985	1,049,898	2,897,940		
9. Total			13,715,910	186,844	3,124,159	1,693,036	156,443	188,985	2,364,170	6,002,273		
10. Hospital Patient Days Incurred			498,713	4,803	88,403	52,814	0	0	76,689	276,004		
11. Number of Inpatient Admissions			93,493	991	19,595	11,134	0	0	15,545	46,228		
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		
13. Life Premiums Direct			0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written			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		
16. Property/Casualty Premiums Earned			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		
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		

(a) For health business: number of persons insured under PPO managed care products 1,422,781 and number of persons insured under indemnity only products 60,631.

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

## 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

**NON**

ANNUAL STATEMENT FOR THE YEAR 2019 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	30,376,006	36,188,477
1399999. Accident and Health - U.S. Affiliates - Other					30,376,006	36,188,477
1499999. Total Accident and Health - U.S. Affiliates					30,376,006	36,188,477
1799999. Total Accident and Health - Non-U.S. Affiliates					0	0
1899999. Total Accident and Health - Affiliates					30,376,006	36,188,477
70815 ...06-0838648 ...03/01/2018 ...Hartford Life and Accident Insurance Company				CT	2,950	30,821
1999999. Accident and Health - U.S. Non-Affiliates					2,950	30,821
2199999. Total Accident and Health - Non-Affiliates					2,950	30,821
2299999. Total Accident and Health					30,378,956	36,219,298
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					30,378,956	36,219,298
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
9999999 Totals - Life, Annuity and Accident and Health					30,378,956	36,219,298

## 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				
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						
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, 1999999, 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**

## ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Community Insurance Company

**SCHEDULE S - PART 6**

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

	1 2019	2 2018	3 2017	4 2016	5 2015
<b>A. OPERATIONS ITEMS</b>					
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>B. BALANCE SHEET ITEMS</b>					
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 .....					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
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 2019 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)
<b>ASSETS (Page 2, Col. 3)</b>			
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
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
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
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
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 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 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 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	100.00	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	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		26-0308991		0001156039	America's Health Management Services, Inc.	SC	NIA	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.	12354	20-2073598		0001156039	AMERIGROUP Community Care of New Mexico, Inc.	NM	IA	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		54-1739323		0001156039	AMERIGROUP Corporation	DE	NIA	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		82-1800037		0001156039	AMERIGROUP Delaware, Inc.	DC	IA	Anthem Partnership Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.	16168	81-4131800		0001156039	Amerigroup District of Columbia, Inc.	DC	IA	Anthem Partnership Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.	16455	82-3743168		0001156039	Amerigroup Health Plan of Louisiana, Inc.	LA	IA	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.	14078	45-2485907		0001156039	Amerigroup Insurance Company	TX	IA	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.	15807	47-3863197		0001156039	AMERIGROUP Iowa, Inc.	IA	IA	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		45-4985009		0001156039	Amerigroup IPA of New York, LLC	NY	NIA	CareMore, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.	14276	45-3358287		0001156039	Amerigroup Kansas, Inc.	KS	IA	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.	95832	51-0387398		0001156039	AMERIGROUP Maryland, Inc.	MD	IA	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.	16145	81-4626605		0001156039	Amerigroup Mississippi, Inc.	MS	IA	Anthem Partnership Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.	95373	22-3375292		0001156039	AMERIGROUP New Jersey, Inc.	NJ	IA	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.	10767	13-4212818		0001156039	AMERIGROUP Ohio, Inc.	OH	IA	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.	15994	81-2781685		0001156039	AMERIGROUP Oklahoma, Inc.	OK	IA	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		36-3897080		0001156039	Amerigroup Partnership Plan, LLC	IL	NIA	Health Ventures Partner, L.L.C.	Ownership	75.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		36-3897080		0001156039	Amerigroup Partnership Plan, LLC	IL	NIA	UNICARE Illinois Services, Inc.	Ownership	25.00	Anthem, Inc.	N		
.0671	Anthem, Inc.	16339	82-3734368		0001156039	Amerigroup Pennsylvania, Inc.	PA	IA	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.	12941	20-4776597		0001156039	AMERIGROUP Tennessee, Inc.	TN	IA	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.	95314	75-2603231		0001156039	AMERIGROUP Texas, Inc.	TX	IA	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.	14073	27-3510384		0001156039	AMERIGROUP Washington, Inc.	WA	IA	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.	12229	06-1696189		0001156039	AMGP Georgia Managed Care Company, Inc.	GA	IA	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.	16553	83-2435050		0001156039	AMH Health, LLC	ME	IA	Anthem Partnership Holding Company, LLC	Ownership	50.00	Anthem, Inc.	N	.0102	
.0671	Anthem, Inc.		62825	95-4331852	0001156039	Anthem Blue Cross Life and Health Insurance Company	CA	IA	WellPoint California Services, Inc.	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		35-1898945		0001156039	Anthem Financial, Inc.	DE	NIA	Associated Group, Inc.	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.	95120	61-1237516		0001156039	Anthem Health Plans of Kentucky, Inc.	KY	IA	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.	52618	31-1705652		0001156039	Anthem Health Plans of Maine, Inc.	ME	IA	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.	53759	02-0510530		0001156039	Anthem Health Plans of New Hampshire, Inc.	NH	IA	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.	71835	54-0357120	40003317	0001156039	Anthem Health Plans of Virginia, Inc.	VA	IA	Anthem Southeast, Inc.	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.	60217	06-1475928		0001156039	Anthem Health Plans, Inc.	CT	IA	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		61-1459939		0001156039	Anthem Holding Corp.	IN	NIA	Anthem, Inc.	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		35-2145715		0001156039	New York Stock Exchange (NYSE)									
.0671	Anthem, Inc.		98-1492098		0001156039	Anthem, Inc.	IN	UIP							
.0671	Anthem, Inc.	28207	35-0781558		0001156039	Anthem Innovation Israel Ltd	ISR	NIA	Legato Holdings I, Inc.	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.	15543	47-0992859		0001156039	Anthem Insurance Companies, Inc.	IN	IA	Anthem, Inc.	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.	13573	20-5876774		0001156039	Anthem Kentucky Managed Care Plan, Inc.	KY	IA	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		61069	35-0980405	0001156039	Anthem Life & Disability Insurance Company	NY	IA	WellPoint Acquisition, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		81-3974489		0001156039	Anthem Life Insurance Company	IN	IA	Rocky Mountain Hospital and Medical Service, Inc.	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		46-0613946		0001156039	Anthem Partnership Holding Company, LLC	DE	NIA	Anthem, Inc.	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		32-0031791		0001156039	Anthem Services Company, LLC	IN	NIA	The Anthem Companies, Inc.	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		35-2129194		0001156039	Anthem Southeast, Inc.	IN	NIA	Anthem, Inc.	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		30-0606541		0001156039	Anthem UM Services, Inc.	IN	NIA	UNICARE Specialty Services, Inc.	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		30-0606541		0001156039	Anthem Workers' Compensation, LLC	IN	NIA	Anthem Blue Cross Life and Health Insurance Company	Ownership	75.00	Anthem, Inc.	N	.0109	
.0671	Anthem, Inc.		80-0531799		0001156039	Anthem Workers' Compensation, LLC	IN	NIA	HealthLink, Inc.	Ownership	25.00	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	100.00	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 Loca- tion	Rela- tionship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner- ship Provide Per- centage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re- quired? (Y/N)	*
.0671	Anthem, Inc.		90-1057454		0001156039		Aspire Health, Inc.	DE	N/A	Nash Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		35-1292384		0001156039		Associated Group, Inc.	IN	N/A	Anthem Insurance Companies, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		11-3713086		0001156039		ATH Holding Company, LLC	IN	UDP	Anthem, Inc.	Ownership	100.00	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	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		54003	39-0138065	0001156039		Blue Cross Blue Shield of Wisconsin	WI	IA	Crossroads Acquisition Corp.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		95-3760980		0001156039		Blue Cross of California	CA	IA	WellPoint California Services, Inc.	Ownership	100.00	Anthem, Inc.	N	.0101
.0671	Anthem, Inc.		20-2994048		0001156039		Blue Cross of California Partnership Plan, Inc.	CA	IA	Blue Cross of California	Ownership	100.00	Anthem, Inc.	N	.0101
.0671	Anthem, Inc.		84-1782311		0001156039		CareMarket, Inc.	IN	N/A	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		95-4694706		0001156039		CareMore Health Plan	CA	IA	CareMore Health System	Ownership	100.00	Anthem, Inc.	N	.0101
.0671	Anthem, Inc.		13562	38-3795280	0001156039		CareMore Health Plan of Arizona, Inc.	AZ	IA	CareMore Health System	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		13605	26-4001602	0001156039		CareMore Health Plan of Nevada	NV	IA	CareMore Health System	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		27-1625392		0001156039		CareMore Health Plan of Texas, Inc.	TX	N/A	CareMore Health System	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		32-0373216		0001156039		CareMore, LLC	IN	N/A	CareMore Health System	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		20-2076421		0001156039		CareMore Health System	CA	N/A	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		58-2217138		0001156039		Cerulean Companies, Inc.	GA	N/A	Anthem Holding Corp.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		39-1413702		0001156039		Claim Management Services, Inc.	WI	N/A	Blue Cross Blue Shield of Wisconsin	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		16345	82-1853423	0001156039		CCHA, LLC	CO	IA	Anthem Partnership Holding Company, LLC	Ownership	50.00	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	75.00	Anthem, Inc.	N	.0104
.0671	Anthem, Inc.		12586	20-3317697	0001156039		Community Care Health Plan of Nevada, Inc.	NV	IA	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		10345	31-1440175	0001156039		Community Insurance Company	OH	RE	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		95693	39-1462554	0001156039		Compcare Health Services Insurance Corporation	WI	IA	Blue Cross Blue Shield of Wisconsin	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		20-0334650		0001156039		Crossroads Acquisition Corp.	DE	N/A	Anthem Holding Corp.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		82-3027094		0001156039		DBG Holdings, Inc.	IN	N/A	Anthem, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		41-1905556		0001156039		DeCare Analytics, LLC	MN	N/A	DeCare Dental, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		02-0574609		0001156039		DeCare Dental Health International, LLC	MN	N/A	DeCare Dental, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		73-1665525		0001156039		DeCare Dental Insurance Ireland, Ltd.	IRL	N/A	DeCare Dental, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		01-0822645		0001156039		DeCare Dental Networks, LLC	MN	N/A	DeCare Dental, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		20-0660775		0001156039		DeCare Dental, LLC	MN	N/A	Anthem Holding Corp.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		26-2544715		0001156039		DeCare Operations Ireland, Limited	IRL	N/A	DeCare Dental, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		27-2844373		0001156039		Delivery Network, LLC	FL	N/A	HealthSun Holdings, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		26-2974996		0001156039		Designated Agent Company, Inc.	KY	N/A	Anthem Health Plans of Kentucky, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		30-0478573		0001156039		EasyScripts Cutler Bay, LLC	FL	N/A	HealthSun Holdings, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		46-0613819		0001156039		EasyScripts Hialeah, LLC	FL	N/A	HealthSun Holdings, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		13-3934328		0001156039		EasyScripts Westchester, LLC	FL	N/A	HealthSun Holdings, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		55093	23-7391136	0001156039		EHC Benefits Agency, Inc.	NY	N/A	WellPoint Holding Corp	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		95433	13-3874803	0001156039		Empire HealthChoice Assurance, Inc.	NY	IA	WellPoint Holding Corp	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		26-4286154		0001156039		Empire HealthChoice HMO, Inc.	NY	N/A	Empire HealthChoice Assurance, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		10119	41-2128275	0001156039		Federal Government Solutions, LLC	WI	N/A	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		33-0884790		0001156039		Freedom Health, Inc.	FL	N/A	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		20-1378912		0001156039		GeriNet Physician Services, Inc.	CA	N/A	CareMore Health System	Ownership	50.00	Anthem, Inc.	N	.0102
.0671	Anthem, Inc.		95-2907752		0001156039		Global TPA, LLC	FL	N/A	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		97217	58-1473042	0001156039		Golden West Health Plan, Inc.	CA	IA	WellPoint California Services, Inc.	Ownership	100.00	Anthem, Inc.	N	.0101
.0671	Anthem, Inc.		51-0365660		0001156039		Greater Georgia Life Insurance Company	GA	IA	Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		54-1237939		0001156039		Health Core, Inc.	DE	N/A	Arcus Enterprises, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		36-3897701		0001156039		Health Management Corporation	VA	N/A	Southeast Services, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.		95169	54-1356687	0001156039		Health Ventures Partner, L.L.C.	IL	N/A	UNICARE National Services, Inc.	Ownership	100.00	Anthem, Inc.	N	
.0671	Anthem, Inc.				0001156039		HealthKeepers, Inc.	VA	IA	Anthem Southeast, Inc.	Ownership	92.510	Anthem, Inc.	N	
.0671	Anthem, Inc.				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 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.	96475	43-1616135		0001156039	HealthLink HMO, Inc.	MO, IA	HealthLink, Inc.		Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		43-1364135		0001156039	HealthLink, Inc.	IL	NIA	RightCHOICE Managed Care, Inc.	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		82-4966088		0001156039	HealthLink Insurance Company	IL	NIA	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		13-3865627		0001156039	HealthPlus HP, LLC	NY	IA	AMERIGROUP Corporation	Ownership	100.00	Anthem, Inc.	N	.0100	
.0671	Anthem, Inc.		10122		0001156039	HealthSun Health Plans, Inc.	FL	IA	Highland Acquisition Holdings, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		20-0982649		0001156039	HealthSun Holdings, LLC	FL	NIA	HealthSun Management, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		20-0660271		0001156039	HealthSun Management, LLC	FL	NIA	Highland Acquisition Holdings, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		20-0660168		0001156039	HealthSun Physicians Network, LLC	FL	NIA	Delivery Network, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		46-5250294		0001156039	HealthSun Physicians Network I, LLC	FL	NIA	HealthSun Physicians Network, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		46-3434016		0001156039	Healthy Alliance Life Insurance Company	MO	IA	RightCHOICE Managed Care, Inc.	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		78972		0001156039	HEP AP Holdings, Inc.	DE	NIA	Imaging Management Holdings, L.L.C.	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		47-3953545		0001156039	Highland Holdco, Inc.	DE	NIA	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		81-3867547		0001156039	Highland Acquisition Holdings, LLC	DE	NIA	Highland Intermediate Holdings, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		81-3487249		0001156039	Highland Intermediate Holdings, LLC	DE	NIA	Highland Investor Holdings, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		81-3471305		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.		81-3493196		0001156039	Rocky Mountain Hospital and Medical Service, Inc.	CO	IA							
.0671	Anthem, Inc.		95473		0001156039	HMO Colorado, Inc.	CO	IA	Ownership	100.00	Anthem, Inc.	N			
.0671	Anthem, Inc.		95358		0001156039	HMO Missouri, Inc.	MO	IA	RightCHOICE Managed Care, Inc.	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.				0001156039	Human Resource Associates, LLC	FL	NIA	HealthSun Holdings, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		75-2619605		0001156039	Imaging Management Holdings, L.L.C.	DE	NIA	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		82-3062245		0001156039	IngeniRx, Inc.	IN	NIA	DBG Holdings, Inc.	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		98-1397080		0001156039	Legato Health Technologies LLP	IN	NIA	Legato Holdings I, Inc.	Ownership	100.00	Anthem, Inc.	N	.0105	
.0671	Anthem, Inc.		98-1490582		0001156039	Legato Health Technologies Philippines, Inc.	PHL	NIA	Legato Holdings I, Inc.	Ownership	100.00	Anthem, Inc.	N	.0106	
.0671	Anthem, Inc.		82-3030791		0001156039	Legato Holdings I, Inc.	IN	NIA	Anthem, Inc.	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		82-3031178		0001156039	Legato Holdings II, LLC	IN	NIA	Legato Holdings I, Inc.	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		02-0581429		0001156039	Living Complete Technologies, Inc.	MD	NIA	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		95527		0001156039	Matthew Thornton Health Plan, Inc.	NH	IA	Anthem Health Plans of New Hampshire, Inc.	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		46-5262131		0001156039	Memphis Supportive Care Partnership, LLC	TN	NIA	Nash Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.				0001156039	Compcare Health Services Insurance									
.0671	Anthem, Inc.		39-2013971		0001156039	Meridian Resource Company, LLC	WI	NIA	Corporation	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		82-4684953		0001156039	Momentum Health Partners, LLC	NC	NIA	Anthem Partnership Holding Company, LLC	Ownership	50.00	Anthem, Inc.	N	.0102	
.0671	Anthem, Inc.		83-0892028		0001156039	Nash Holding Company, LLC	DE	NIA	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		35-1840597		0001156039	National Government Services, Inc.	IN	NIA	Federal Government Solutions, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		04-2919509		0001156039	New England Research Institute, Inc.	MA	NIA	Health Core, Inc.	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		81-5476630		0001156039	NGS Federal, LLC	IN	NIA	Federal Government Solutions, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		12259		0001156039	Optum Healthcare, Inc.	FL	IA	ATH Holding Company, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		20-1336412		0001156039	Park Square Holdings, Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		95-4249368		0001156039	Park Square I, Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		95-4386221		0001156039	Park Square II, Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		95-4249345		0001156039	Pasteur Medical Birds Road, LLC	FL	NIA	WellPoint California Services, Inc.	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		27-1991772		0001156039	Pasteur Medical Center, LLC	DE	NIA	WellPoint California Services, Inc.	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		20-2749389		0001156039	Pasteur Medical Cutler Bay, LLC	FL	NIA	WellPoint Medical Holdings, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		27-1366915		0001156039	Pasteur Medical Group, LLC	FL	NIA	WellPoint Medical Holdings, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		20-0610128		0001156039	Pasteur Medical Hialeah Gardens, LLC	FL	NIA	WellPoint Medical Holdings, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		37-1668303		0001156039	Pasteur Medical Holdings, LLC	FL	NIA	HealthSun Holdings, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		45-1616220		0001156039	Pasteur Medical Kendall, LLC	FL	NIA	HealthSun Holdings, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		47-3464152		0001156039	Pasteur Medical Management, LLC	FL	NIA	HealthSun Holdings, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		27-2810478		0001156039	Pasteur Medical Miami Gardens, LLC	FL	NIA	HealthSun Holdings, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		33-1217936		0001156039	Pasteur Medical North Miami Beach, LLC	FL	NIA	HealthSun Holdings, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		27-2651017		0001156039	Pasteur Medical Partners, LLC	FL	NIA	HealthSun Holdings, LLC	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		26-0813665		0001156039	Resolution Health, Inc.	DE	NIA	Anthem Southeast, Inc.	Ownership	100.00	Anthem, Inc.	N		
.0671	Anthem, Inc.		56-2396739		0001156039										

## 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 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.		47-0851593		0001156039		RightCHOICE Managed Care, Inc.	.DE.	.N/A.	Anthem Holding Corp.	Ownership.	100.00	Anthem, Inc.	N.	
.0671	Anthem, Inc.	.11011	84-0747736		0001156039		Rocky Mountain Hospital and Medical Service, Inc.	.CO.	.IA.	ATH Holding Company, LLC	Ownership.	100.00	Anthem, Inc.	N.	
.0671	Anthem, Inc.		20-0473316		0001156039		SellCore, Inc.	.DE.	.N/A.	Anthem, Inc.	Ownership.	100.00	Anthem, Inc.	N.	
.0671	Anthem, Inc.	.13726	27-0945036		0001156039		Simply Healthcare Plans, Inc.	.FL.	.IA.	AMERIGROUP Corporation	Ownership.	100.00	Anthem, Inc.	N.	
.0671	Anthem, Inc.		55-0712302		0001156039		Southeast Services, Inc.	.VA.	.N/A.	Anthem Southeast, Inc.	Ownership.	100.00	Anthem, Inc.	N.	
.0671	Anthem, Inc.		45-4071004		0001156039		State Sponsored Services, Inc.	.IN.	.N/A.	UNICARE Specialty Services, Inc.	Ownership.	100.00	Anthem, Inc.	N.	
.0671	Anthem, Inc.		35-1835818		0001156039		The Anthem Companies, Inc.	.IN.	.N/A.	ATH Holding Company, LLC	Ownership.	100.00	Anthem, Inc.	N.	
.0671	Anthem, Inc.		45-5443372		0001156039		The Anthem Companies of California, Inc.	.CA.	.N/A.	ATH Holding Company, LLC	Ownership.	100.00	Anthem, Inc.	N.	
.0671	Anthem, Inc.		43-1967924		0001156039		TrustSolutions, LLC	.WI.	.N/A.	Federal Government Solutions, LLC	Ownership.	100.00	Anthem, Inc.	N.	
.0671	Anthem, Inc.	.11810	84-1620480		0001156039		UNICARE Health Plan of West Virginia, Inc.	.WV.	.IA.	UNICARE National Services, Inc.	Ownership.	100.00	Anthem, Inc.	N.	
.0671	Anthem, Inc.		36-3899137		0001156039		UNICARE Illinois Services, Inc.	.IL.	.N/A.	UNICARE National Services, Inc.	Ownership.	100.00	Anthem, Inc.	N.	
.0671	Anthem, Inc.	.80314	52-0913817		0001156039		UNICARE Life & Health Insurance Company	.IN.	.IA.	UNICARE National Services, Inc.	Ownership.	100.00	Anthem, Inc.	N.	
.0671	Anthem, Inc.		95-4635507		0001156039		UNICARE National Services, Inc.	.DE.	.N/A.	Anthem Holding Corp.	Ownership.	100.00	Anthem, Inc.	N.	
.0671	Anthem, Inc.		77-0494551		0001156039		UNICARE Specialty Services, Inc.	.DE.	.N/A.	Anthem Holding Corp.	Ownership.	100.00	Anthem, Inc.	N.	
.0671	Anthem, Inc.		82-3300542		0001156039		Value, Inc.	.IN.	.N/A.	DBG Holdings, Inc.	Ownership.	100.00	Anthem, Inc.	N.	
.0671	Anthem, Inc.		20-0660563		0001156039		WelIMax Health Medical Centers, LLC	.FL.	.N/A.	Delivery Network, LLC	Ownership.	100.00	Anthem, Inc.	N.	
.0671	Anthem, Inc.		20-0660644		0001156039		WelIMax Health Physicians Network, LLC	.FL.	.N/A.	Delivery Network, LLC	Ownership.	100.00	Anthem, Inc.	N.	
.0671	Anthem, Inc.		20-4405193		0001156039		WelIPoint Acquisition, LLC	.IN.	.N/A.	Anthem, Inc.	Ownership.	100.00	Anthem, Inc.	N.	
.0671	Anthem, Inc.		95-4640531		0001156039		WelIPoint California Services, Inc.	.DE.	.N/A.	Anthem Holding Corp.	Ownership.	100.00	Anthem, Inc.	N.	
.0671	Anthem, Inc.		95-4657170		0001156039		WelIPoint Dental Services, Inc.	.DE.	.N/A.	UNICARE Specialty Services, Inc.	Ownership.	100.00	Anthem, Inc.	N.	
.0671	Anthem, Inc.		81-2874917		0001156039		WelIPoint Health Solutions, Inc.	.DE.	.N/A.	Federal Government Solutions, LLC	Ownership.	100.00	Anthem, Inc.	N.	
.0671	Anthem, Inc.		20-3620996		0001156039		WelIPoint Holding Corp	.DE.	.N/A.	Anthem, Inc.	Ownership.	100.00	Anthem, Inc.	N.	
.0671	Anthem, Inc.		45-2736438		0001156039		WelIPoint Information Technology Services, Inc.	.CA.	.N/A.	Blue Cross of California	Ownership.	100.00	Anthem, Inc.	N.	
.0671	Anthem, Inc.		36-4595641		0001156039		WelIPoint Insurance Services, Inc.	.HI.	.N/A.	Anthem, Inc.	Ownership.	100.00	Anthem, Inc.	N.	
.0671	Anthem, Inc.		47-2546820		0001156039		WelIPoint Military Care Corporation	.IN.	.N/A.	Federal Government Solutions, LLC	Ownership.	100.00	Anthem, Inc.	N.	
.0671	Anthem, Inc.	.15929	47-5569628		0001156039		Wisconsin Collaborative Insurance Company	.WI.	.IA.	Crossroads Acquisition Corp.	Ownership.	55.00	Anthem, Inc.	N.	.0110
.0671	Anthem, Inc.		20-8672847		0001156039		WPMI, LLC	.DE.	.N/A.	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

## ANNUAL STATEMENT FOR THE YEAR 2019 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)
15544	36-3692630	American Imaging Management, Inc.					(340,361,720)				(340,361,720)	
	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)
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					(70,607,205)				(181,235,982)	189,070,842
90-1057454	Aspire Health, Inc.	0					(46,293,396)				(70,607,205)	
11-3713086	ATH Holding Company, LLC										(46,293,396)	

## ANNUAL STATEMENT FOR THE YEAR 2019 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.	(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	38-3975280	Caremore Health Plan	(20,000,000)				842,178,067				822,178,067	
13562	26-4001602	Caremore Health Plan of Arizona, Inc.					114,349,659				114,349,659	
13605	82-1853423	Caremore Health Plan of Nevada					80,400,533				80,400,533	
16345	26-4674149	CCHA, LLC					(7,373)	(4,377,672)			(4,385,045)	30,037,985
14064	20-3317697	Community Care Health Plan of Louisiana, Inc.					(82,616,318)				(82,616,318)	
12586		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)	
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	

## ANNUAL STATEMENT FOR THE YEAR 2019 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	
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)	145,000,000		(50,613,422)					(59,113,422)	
80314	52-0913817	UNICARE Life & Health Insurance Company				(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	
	<b>MARCH FILING</b>	
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	
	<b>APRIL FILING</b>	
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	
	<b>JUNE FILING</b>	
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	
	<b>AUGUST FILING</b>	
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 <b>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.</b> 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.		
	<b>MARCH FILING</b>	
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	
	<b>APRIL FILING</b>	
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	
	<b>AUGUST FILING</b>	
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 9 2 0 5 0 0 0 0 0 0
13.	SIS Stockholder Information Supplement [Document Identifier 420]	 1 0 3 4 5 2 0 1 9 4 2 0 0 0 0 0 0 0
14.	Participating Opinion for Exhibit 5 [Document Identifier 371]	 1 0 3 4 5 2 0 1 9 3 7 1 0 0 0 0 0 0
15.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	 1 0 3 4 5 2 0 1 9 3 7 0 0 0 0 0 0 0
16.	Medicare Part D Coverage Supplement [Document Identifier 365]	 1 0 3 4 5 2 0 1 9 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 9 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 9 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 9 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 9 3 0 6 0 0 0 0 0 0
21.	Life Supplement [Document Identifier 211]	 1 0 3 4 5 2 0 1 9 2 1 1 0 0 0 0 0 0



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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	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			14	Policies Issued in 2017; 2018; 2019			
										11	Incurred Claims			15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	PD003	P.	NO.	0200560	10/29/1991			01/01/1992	Medicomp 2 .....	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
									Insurance for One, Medicare Supplement Plan								
									A - Attained Age .....	80,686	60,847	.75.4	34	0	0	0.0	0
									Insurance for One, Medicare Supplement Plan								
									C - Attained Age .....	8,782,709	5,765,483	.65.6	2,293	0	0	0.0	0
									Insurance for One, Medicare Supplement Plan								
									F - Attained Age .....	6,452,132	3,814,224	.59.1	1,651	0	0	0.0	0
									Insurance for One, Medicare Supplement Plan								
									I - Attained Age .....	436,922	200,919	.46.0	97	0	0	0.0	0
									Insurance for One, Medicare Supplement Plan								
									B - Attained Age .....	140,884	85,681	.60.8	42	0	0	0.0	0
									Insurance for One, Medicare Supplement Plan								
									D - Attained Age .....	208,332	149,300	.71.7	56	0	0	0.0	0
									Insurance for One, Medicare Supplement Plan								
									E - Attained Age .....	29,075	11,510	.39.6	8	0	0	0.0	0
									Insurance for One, Medicare Supplement Plan								
									G - Attained Age .....	321,845	165,531	.51.4	93	0	0	0.0	0
									Insurance for One, Medicare Supplement Plan								
									H - Attained Age .....	153,962	87,936	.57.1	39	0	0	0.0	0
									Health Maintenance Plan (Medicare Supplement product) .....	0	0	.0.0	0	0	0	0.0	0
									Modernized MedSupp Plan A .....	160,702	220,584	.137.3	53	15,186	13,910	.91.6	12
									Modernized MedSupp Plan F .....	42,124,143	28,528,234	.67.7	13,617	6,934,715	4,861,934	.70.1	2,545
									Modernized MedSupp Plan G .....	888,946	729,145	.82.0	272	1,710,279	1,443,724	.84.4	1,392
									Modernized MedSupp Plan High F .....	931,013	583,206	.62.6	778	32,932	1,340	.4.1	104



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
											Premiums Earned	12	13	Percent of Premiums Earned	Premiums Earned	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 WPPLANSelectM(1) 1)-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	WPPLANHIFSelectM (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	WPPLANSelectM(1) 1)-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	WPPLANSelectM(1) 1)-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

### **ANNUAL STATEMENT BLANK**

Analysis of Operations By Lines of Business .....	7
Assets .....	2
Cash Flow .....	6
Exhibit 1 - Enrollment By Product Type for Health Business Only .....	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid .....	18
Exhibit 3 - Health Care Receivables .....	19
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued .....	20
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus .....	21
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates .....	22
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates .....	23
Exhibit 7 - Part 1 - Summary of Transactions With Providers .....	24
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries .....	24
Exhibit 8 - Furniture, Equipment and Supplies Owned .....	25
Exhibit of Capital Gains (Losses) .....	15
Exhibit of Net Investment Income .....	15
Exhibit of Nonadmitted Assets .....	16
Exhibit of Premiums, Enrollment and Utilization (State Page) .....	30
Five-Year Historical Data .....	29
General Interrogatories .....	27
Jurat Page .....	1
Liabilities, Capital and Surplus .....	3
Notes To Financial Statements .....	26
Overflow Page For Write-ins .....	44
Schedule A - Part 1 .....	E01
Schedule A - Part 2 .....	E02
Schedule A - Part 3 .....	E03
Schedule A - Verification Between Years .....	SI02
Schedule B - Part 1 .....	E04
Schedule B - Part 2 .....	E05
Schedule B - Part 3 .....	E06
Schedule B - Verification Between Years .....	SI02
Schedule BA - Part 1 .....	E07
Schedule BA - Part 2 .....	E08
Schedule BA - Part 3 .....	E09
Schedule BA - Verification Between Years .....	SI03
Schedule D - Part 1 .....	E10
Schedule D - Part 1A - Section 1 .....	SI05
Schedule D - Part 1A - Section 2 .....	SI08
Schedule D - Part 2 - Section 1 .....	E11
Schedule D - Part 2 - Section 2 .....	E12
Schedule D - Part 3 .....	E13
Schedule D - Part 4 .....	E14
Schedule D - Part 5 .....	E15
Schedule D - Part 6 - Section 1 .....	E16
Schedule D - Part 6 - Section 2 .....	E16
Schedule D - Summary By Country .....	SI04
Schedule D - Verification Between Years .....	SI03
Schedule DA - Part 1 .....	E17
Schedule DA - Verification Between Years .....	SI10
Schedule DB - Part A - Section 1 .....	E18
Schedule DB - Part A - Section 2 .....	E19
Schedule DB - Part A - Verification Between Years .....	SI11
Schedule DB - Part B - Section 1 .....	E20
Schedule DB - Part B - Section 2 .....	E21
Schedule DB - Part B - Verification Between Years .....	SI11
Schedule DB - Part C - Section 1 .....	SI12
Schedule DB - Part C - Section 2 .....	SI13
Schedule DB - Part D - Section 1 .....	E22
Schedule DB - Part D - Section 2 .....	E23
Schedule DB - Part E .....	E24
Schedule DB - Verification .....	SI14
Schedule DL - Part 1 .....	E25
Schedule DL - Part 2 .....	E26
Schedule E - Part 1 - Cash .....	E27
Schedule E - Part 2 - Cash Equivalents .....	E28
Schedule E - Part 2 - Verification Between Years .....	SI15
Schedule E - Part 3 - Special Deposits .....	E29

**ANNUAL STATEMENT BLANK (Continued)**

Schedule S - Part 1 - Section 2 .....	31
Schedule S - Part 2 .....	32
Schedule S - Part 3 - Section 2 .....	33
Schedule S - Part 4 .....	34
Schedule S - Part 5 .....	35
Schedule S - Part 6 .....	36
Schedule S - Part 7 .....	37
Schedule T - Part 2 - Interstate Compact .....	39
Schedule T - Premiums and Other Considerations .....	38
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group .....	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System .....	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates .....	42
Statement of Revenue and Expenses .....	4
Summary Investment Schedule .....	SI01
Supplemental Exhibits and Schedules Interrogatories .....	43
Underwriting and Investment Exhibit - Part 1 .....	8
Underwriting and Investment Exhibit - Part 2 .....	9
Underwriting and Investment Exhibit - Part 2A .....	10
Underwriting and Investment Exhibit - Part 2B .....	11
Underwriting and Investment Exhibit - Part 2C .....	12
Underwriting and Investment Exhibit - Part 2D .....	13
Underwriting and Investment Exhibit - Part 3 .....	14