



HEALTH ANNUAL STATEMENT  
FOR THE YEAR ENDED DECEMBER 31, 2020  
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
Secretary	Kathleen Susan Kiefer	Assistant Secretary	Kristin Kim Cherie Howard

OTHER

Eric (Rick) Kenneth Noble, Assistant Treasurer	Kristen Louise Metzger #, Vice President	Bradley Scott Jackson #, Medical Director
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DIRECTORS OR TRUSTEES

Laurie Helm Benintendi	Ronald William Penczek	Bradley Scott Jackson #
Steven John Martenet	Heather Chockley Steinmeyer	

State of Ohio  
County of Warren  
SS:

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

DocuSigned by: Steve Martenet 680F313CC0B7463...	DocuSigned by: Kathleen Susan Kiefer 34259124741844A...	DocuSigned by: Vincent E. Scher A85A33722D4143E...
Steven John Martenet President/Chairperson	Kathleen Susan Kiefer Secretary	Vincent Edward Scher Vice President/Treasurer

Subscribed and sworn to before me this day of	a. Is this an original filing? ..... b. If no, 1. State the amendment number..... 2. Date filed ..... 3. Number of pages attached.....	Yes [ X ] No [ ]
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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	1,336,142,965		1,336,142,965	1,081,961,553
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0		0	0
2.2 Common stocks .....	7,094,130		7,094,130	6,706,020
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....(226,615,256) , Schedule E - Part 1), cash equivalents (\$ .....7,200,023 , Schedule E - Part 2) and short-term investments (\$ .....940,471 , Schedule DA) .....	(218,474,762)		(218,474,762)	(140,695,332)
6. Contract loans, (including \$ ..... premium notes) .....			0	0
7. Derivatives (Schedule DB) .....			0	0
8. Other invested assets (Schedule BA) .....	76,957,120		76,957,120	70,079,643
9. Receivables for securities .....	2,251,510		2,251,510	5,209,844
10. Securities lending reinvested collateral assets (Schedule DL) .....	15,420,570		15,420,570	16,105,802
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	1,219,391,533	0	1,219,391,533	1,039,367,530
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	11,981,481	470,767	11,510,714	8,571,453
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	40,501,452	3,254,714	37,246,738	24,768,027
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$ .....85,780,442 earned but unbilled premiums) .....	85,780,442		85,780,442	86,515,615
15.3 Accrued retrospective premiums (\$ .....17,904,861 ) and contracts subject to redetermination (\$ .....93,493,821 ) .....	111,398,682		111,398,682	71,774,417
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	35,219,644		35,219,644	30,378,956
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....	2,206,492		2,206,492	716,303
17. Amounts receivable relating to uninsured plans .....	214,544,283	17,131,012	197,413,271	275,811,980
18.1 Current federal and foreign income tax recoverable and interest thereon .....	23,557,313		23,557,313	1,244,047
18.2 Net deferred tax asset .....	52,050,579	1,731,193	50,319,386	40,406,088
19. Guaranty funds receivable or on deposit .....	10,645,875		10,645,875	15,130,999
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	9,344,706	9,344,706	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	24,355,116		24,355,116	57,702,167
24. Health care (\$ .....36,229,054 ) and other amounts receivable .....	49,928,990	13,699,936	36,229,054	77,450,624
25. Aggregate write-ins for other than invested assets .....	235,192,520	26,455,259	208,737,261	196,487,152
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	2,126,099,108	72,087,587	2,054,011,521	1,926,325,358
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27)	2,126,099,108	72,087,587	2,054,011,521	1,926,325,358
DETAILS OF WRITE-INS				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Investments in corporate-owned life insurance .....	191,732,580	0	191,732,580	183,439,111
2502. FEP assets held by agents .....	12,304,359	0	12,304,359	7,966,546
2503. Bluecard receivables .....	3,218,275	0	3,218,275	4,984,705
2598. Summary of remaining write-ins for Line 25 from overflow page .....	27,937,306	26,455,259	1,482,047	96,790
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	235,192,520	26,455,259	208,737,261	196,487,152

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$ 35,991,589 reinsurance ceded)	656,765,907	14,382,889	671,148,796	488,629,734
2. Accrued medical incentive pool and bonus amounts	47,339,483		47,339,483	36,032,999
3. Unpaid claims adjustment expenses	16,103,122		16,103,122	11,680,700
4. Aggregate health policy reserves, including the liability of \$ 3,135,334 for medical loss ratio rebate per the Public Health Service Act	45,816,428		45,816,428	40,382,074
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves	110,156		110,156	107,433
8. Premiums received in advance	51,727,740		51,727,740	47,594,589
9. General expenses due or accrued	148,150,126		148,150,126	84,354,083
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable	33,276,685		33,276,685	28,161,192
12. Amounts withheld or retained for the account of others	30,126,200		30,126,200	1,797,112
13. Remittances and items not allocated	29,824,243		29,824,243	22,501,349
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	150,000,000
15. Amounts due to parent, subsidiaries and affiliates			0	0
16. Derivatives			0	0
17. Payable for securities	14,456,746		14,456,746	15,708,532
18. Payable for securities lending	15,420,570		15,420,570	16,105,802
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ 0 unauthorized reinsurers and \$ 0 certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$ companies)			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	36,694,891		36,694,891	143,269,009
23. Aggregate write-ins for other liabilities (including \$ 40,920,467 current)	62,912,147	0	62,912,147	66,262,660
24. Total liabilities (Lines 1 to 23)	1,188,724,444	14,382,889	1,203,107,333	1,152,587,268
25. Aggregate write-ins for special surplus funds	XXX	XXX	2,939,524	121,599,314
26. Common capital stock	XXX	XXX	1,142,307	1,142,307
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	195,393,523	195,393,523
29. Surplus notes	XXX	XXX	0	
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	651,428,834	455,602,946
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$ )	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$ )	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	850,904,188	773,738,090
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	2,054,011,521	1,926,325,358
DETAILS OF WRITE-INS				
2301. Escheat liabilities	43,856,842		43,856,842	48,641,995
2302. Other accrued expenses - non trade	14,010,516		14,010,516	11,270,328
2303. Performance guaranty	5,044,789		5,044,789	6,350,337
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	62,912,147	0	62,912,147	66,262,660
2501. Estimated ACA insurer fee	XXX	XXX	0	118,155,872
2502. Deferred gain on sale-leaseback transactions	XXX	XXX	2,939,524	3,443,442
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	XXX	XXX	2,939,524	121,599,314
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	26,301,882	24,747,790
2. Net premium income ( including \$ ..... non-health premium income) .....	XXX	6,295,210,785	5,782,976,891
3. Change in unearned premium reserves and reserve for rate credits .....	XXX	8,413,267	(8,197,184)
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX	0	0
5. Risk revenue .....	XXX	265,259,949	176,738,286
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	6,568,884,001	5,951,517,993
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		4,019,730,143	3,728,612,412
10. Other professional services .....		397,380,525	361,733,613
11. Outside referrals .....	94,295,645	101,474,699	96,075,751
12. Emergency room and out-of-area .....	18,671,755	391,634,756	355,280,829
13. Prescription drugs .....		815,126,555	779,829,560
14. Aggregate write-ins for other hospital and medical .....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....		91,306,026	62,925,423
16. Subtotal (Lines 9 to 15) .....	112,967,400	5,816,652,704	5,384,457,588
<b>Less:</b>			
17. Net reinsurance recoveries .....		309,594,572	356,255,926
18. Total hospital and medical (Lines 16 minus 17) .....	112,967,400	5,507,058,132	5,028,201,662
19. Non-health claims (net) .....			
20. Claims adjustment expenses, including \$ .....121,901,797 cost containment expenses .....		215,946,654	188,532,867
21. General administrative expenses .....		621,144,326	349,897,239
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only) .....		(1,873,841)	(1,659,701)
23. Total underwriting deductions (Lines 18 through 22) .....	112,967,400	6,342,275,271	5,564,972,067
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	226,608,730	386,545,926
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....		40,589,228	46,088,927
26. Net realized capital gains (losses) less capital gains tax of \$ .....436,975 .....		(6,440,841)	(5,333,676)
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	34,148,387	40,755,251
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ .....456,050 )] .....		(456,050)	(252,467)
29. Aggregate write-ins for other income or expenses .....	0	11,769,514	16,650,007
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	272,070,581	443,698,717
31. Federal and foreign income taxes incurred .....	XXX	97,030,154	91,454,645
32. Net income (loss) (Lines 30 minus 31) .....	XXX	175,040,427	352,244,072
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX		
0602. ....	XXX		
0603. ....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	XXX	0	0
0701. ....	XXX		
0702. ....	XXX		
0703. ....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above) .....	XXX	0	0
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above) .....	0	0	0
2901. Change in cash surrender value of investment in corporate-owned life insurance .....		8,687,788	9,465,728
2902. Miscellaneous income (expense) .....		3,081,726	7,184,279
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above) .....	0	11,769,514	16,650,007

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	773,738,090	802,181,164
34. Net income or (loss) from Line 32 .....	175,040,427	352,244,072
35. Change in valuation basis of aggregate policy and claim reserves .....		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....3,275,430 .....	12,321,855	19,545,087
37. Change in net unrealized foreign exchange capital gain or (loss) .....		
38. Change in net deferred income tax .....	11,475,856	8,050,814
39. Change in nonadmitted assets .....	43,831,878	(21,179,129)
40. Change in unauthorized and certified reinsurance .....	0	0
41. Change in treasury stock .....	0	0
42. Change in surplus notes .....	0	0
43. Cumulative effect of changes in accounting principles.....		
44. Capital Changes:		
44.1 Paid in .....	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in .....	0	0
45.2 Transferred to capital (Stock Dividend) .....		
45.3 Transferred from capital .....		
46. Dividends to stockholders .....	(165,000,000)	(386,600,000)
47. Aggregate write-ins for gains or (losses) in surplus .....	(503,918)	(503,918)
48. Net change in capital and surplus (Lines 34 to 47) .....	77,166,098	(28,443,074)
49. Capital and surplus end of reporting period (Line 33 plus 48)	850,904,188	773,738,090
DETAILS OF WRITE-INS		
4701. Deferred gain on sale-leaseback activity .....	(503,918)	(503,918)
4702. ....		
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	(503,918)	(503,918)

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance .....	6,261,692,229	5,811,639,118
2. Net investment income .....	47,490,919	53,689,936
3. Miscellaneous income .....	265,259,949	176,738,286
4. Total (Lines 1 through 3) .....	6,574,443,097	6,042,067,340
5. Benefit and loss related payments .....	5,250,959,799	5,008,371,262
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7. Commissions, expenses paid and aggregate write-ins for deductions .....	772,345,489	491,380,108
8. Dividends paid to policyholders .....		
9. Federal and foreign income taxes paid (recovered) net of \$ .....436,975 tax on capital gains (losses) .....	119,780,395	107,542,028
10. Total (Lines 5 through 9) .....	6,143,085,683	5,607,293,398
11. Net cash from operations (Line 4 minus Line 10) .....	431,357,414	434,773,942
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	425,893,972	1,070,801,129
12.2 Stocks .....	1,246,300	300,100
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	11,780,555	11,561,023
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	95,760	25,270
12.7 Miscellaneous proceeds .....	4,037,474	4,029,322
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	443,054,061	1,086,716,844
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	697,712,372	864,025,641
13.2 Stocks .....	1,536,604	585,544
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	2,344,913	2,780,057
13.6 Miscellaneous applications .....	1,251,786	29,058,517
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	702,845,675	896,449,759
14. Net increase (decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	(259,791,614)	190,267,085
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0
16.3 Borrowed funds .....	(150,000,000)	150,000,000
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	165,000,000	386,600,000
16.6 Other cash provided (applied) .....	65,654,770	(120,222,847)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(249,345,230)	(356,822,847)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(77,779,430)	268,218,180
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	(140,695,332)	(408,913,512)
19.2 End of year (Line 18 plus Line 19.1) .....	(218,474,762)	(140,695,332)

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income .....	6,295,210,785	2,279,756,524	151,031,281	62,544,841	21,075,367	848,872,321	2,676,011,456	22,311,242	233,607,753	
2. Change in unearned premium reserves and reserve for rate credit .....	8,413,267	(3,112,860)	(987,599)	0	0	(4,337,813)	16,851,539	0	0	
3. Fee-for-service (net of \$ ..... medical expenses) .....	0	0	0	0	0	0	0	0	0	XXX
4. Risk revenue .....	265,259,949	0	0	0	0	0	0	0	265,259,949	XXX
5. Aggregate write-ins for other health care related revenues .....	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6) .....	6,568,884,001	2,276,643,664	150,043,682	62,544,841	21,075,367	844,534,508	2,692,862,995	22,311,242	498,867,702	0
8. Hospital/medical benefits .....	4,019,730,143	1,136,848,714	86,795,114	0	0	742,949,304	1,676,377,858	0	376,759,153	XXX
9. Other professional services .....	397,380,525	96,075,688	15,687,785	26,318,152	17,221,858	75,416,881	166,660,161	0	0	XXX
10. Outside referrals .....	101,474,699	26,020,909	0	16,313,179	367,838	5,844,774	52,927,999	0	0	XXX
11. Emergency room and out-of-area .....	391,634,756	245,499,506	2,868,980	0	0	33,125,645	110,140,625	0	0	XXX
12. Prescription drugs .....	815,126,555	354,342,044	(1,625,887)	0	0	245,098,238	188,415,984	0	28,896,176	XXX
13. Aggregate write-ins for other hospital and medical .....	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts .....	91,306,026	14,024,725	0	0	0	7,299,580	69,925,613	0	56,108	XXX
15. Subtotal (Lines 8 to 14) .....	5,816,652,704	1,872,811,586	103,725,992	42,631,331	17,589,696	1,109,734,422	2,264,448,240	0	405,711,437	XXX
16. Net reinsurance recoveries .....	309,594,572	0	0	0	5,600,541	330,673,983	0	(26,738,849)	58,897	XXX
17. Total medical and hospital (Lines 15 minus 16) .....	5,507,058,132	1,872,811,586	103,725,992	42,631,331	11,989,155	779,060,439	2,264,448,240	26,738,849	405,652,540	XXX
18. Non-health claims (net) .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$ ..... 121,901,797 cost containment expenses .....	215,946,654	105,043,946	12,279,567	6,004,135	1,561,002	19,226,900	142,300,737	151,533	(70,621,166)	
20. General administrative expenses .....	621,144,326	198,654,534	23,222,583	11,354,758	2,952,098	36,361,076	269,112,953	286,572	79,199,752	
21. Increase in reserves for accident and health contracts .....	(1,873,841)	(93,420)	(1,780,421)	0	0	0	0	0	0	XXX
22. Increase in reserves for life contracts .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22) .....	6,342,275,271	2,176,416,646	137,447,721	59,990,224	16,502,255	834,648,415	2,675,861,930	27,176,954	414,231,126	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23) .....	226,608,730	100,227,018	12,595,961	2,554,617	4,573,112	9,886,093	17,001,065	(4,865,712)	84,636,576	0
DETAILS OF WRITE-INS .....										XXX
0501. ....										XXX
0502. ....										XXX
0503. ....										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page .....	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above) .....	0	0	0	0	0	0	0	0	0	XXX
0601. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603. ....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above) .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. ....										XXX
1302. ....										XXX
1303. ....										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) .....	2,279,756,524	0	0	2,279,756,524
2. Medicare Supplement .....	151,031,281	0	0	151,031,281
3. Dental only .....	62,544,841	0	0	62,544,841
4. Vision only .....	28,526,707	0	7,451,340	21,075,367
5. Federal Employees Health Benefits Plan .....	1,211,387,513	0	362,515,192	848,872,321
6. Title XVIII - Medicare .....	2,676,011,456	0	0	2,676,011,456
7. Title XIX - Medicaid .....	0	22,311,242	0	22,311,242
8. Other health .....	233,785,159	0	177,406	233,607,753
9. Health subtotal (Lines 1 through 8) .....	6,643,043,481	22,311,242	370,143,938	6,295,210,785
10. Life .....	0	0	0	0
11. Property/casualty .....	0	0	0	0
12. Totals (Lines 9 to 11)	6,643,043,481	22,311,242	370,143,938	6,295,210,785



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2 - CLAIMS INCURRED DURING THE YEAR**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct .....	5,481,882,000	1,826,199,188	99,868,931	41,187,835	18,244,030	1,103,059,663	1,996,201,043	0	397,121,310	
1.2 Reinsurance assumed .....	20,798,697	0	0	0	0	0	0	20,798,697	0	
1.3 Reinsurance ceded .....	331,720,441	0	0	0	5,197,174	326,514,697	0	0	8,570	
1.4 Net .....	5,170,960,256	1,826,199,188	99,868,931	41,187,835	13,046,856	776,544,966	1,996,201,043	20,798,697	397,112,740	0
2. Paid medical incentive pools and bonuses .....	79,999,542	13,240,432	0	0	0	6,953,798	59,749,204	0	56,108	
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct .....	701,200,233	231,779,634	12,615,557	4,381,945	785,274	119,738,370	273,633,428	0	58,266,025	0
3.2 Reinsurance assumed .....	5,940,152	0	0	0	0	0	0	5,940,152	0	0
3.3 Reinsurance ceded .....	35,991,589	0	0	0	0	35,921,438	0	0	70,151	0
3.4 Net .....	671,148,796	231,779,634	12,615,557	4,381,945	785,274	83,816,932	273,633,428	5,940,152	58,195,874	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct .....	110,475	1	33,138	0	0	77,336	0	0	0	
4.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	
4.3 Reinsurance ceded .....	319	0	0	0	0	319	0	0	0	
4.4 Net .....	110,156	1	33,138	0	0	77,017	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year .....	47,339,483	3,061,816	0	0	0	1,348,665	42,929,002	0	0	
6. Net healthcare receivables (a) .....	(67,110,753)	(9,118,452)	(1,903,280)	(37,700)	(3,173)	(265,379)	(60,891,685)	0	5,108,916	
7. Amounts recoverable from reinsurers December 31, current year .....	35,219,644	0	0	0	403,367	34,802,330	0	0	13,947	
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct .....	524,849,032	208,310,413	10,664,109	2,976,149	1,442,781	120,628,961	136,203,529	0	44,623,090	0
8.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded .....	36,219,298	0	0	0	0	36,188,477	0	0	30,821	0
8.4 Net .....	488,629,734	208,310,413	10,664,109	2,976,149	1,442,781	84,440,484	136,203,529	0	44,592,269	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct .....	107,751	0	30,805	0	0	76,946	0	0	0	
9.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	
9.3 Reinsurance ceded .....	318	0	0	0	0	318	0	0	0	
9.4 Net .....	107,433	0	30,805	0	0	76,628	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year .....	36,032,999	2,277,523	0	0	0	1,002,882	32,752,594	0	0	
11. Amounts recoverable from reinsurers December 31, prior year .....	30,378,956	0	0	0	0	30,376,006	0	0	2,950	
12. Incurred Benefits:										
12.1 Direct .....	5,725,346,678	1,858,786,862	103,725,992	42,631,331	17,589,696	1,102,434,841	2,194,522,627	0	405,655,329	0
12.2 Reinsurance assumed .....	26,738,849	0	0	0	0	0	0	26,738,849	0	0
12.3 Reinsurance ceded .....	336,333,421	0	0	0	5,600,541	330,673,983	0	0	58,897	0
12.4 Net .....	5,415,752,106	1,858,786,862	103,725,992	42,631,331	11,989,155	771,760,858	2,194,522,627	26,738,849	405,596,432	0
13. Incurred medical incentive pools and bonuses .....	91,306,026	14,024,725	0	0	0	7,299,581	69,925,612	0	56,108	0

(a) Excludes \$ 26,542 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct .....	156,155,048	37,124,322	1,298,407	846,580	120,379	9,887,709	101,508,307	0	5,369,344	0
1.2 Reinsurance assumed .....	5,940,152	0	0	0	0	0	0	5,940,152	0	0
1.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
1.4 Net .....	162,095,200	37,124,322	1,298,407	846,580	120,379	9,887,709	101,508,307	5,940,152	5,369,344	0
2. Incurred but Unreported:										
2.1 Direct .....	545,045,185	194,655,312	11,317,150	3,535,365	664,895	109,850,661	172,125,121	0	52,896,681	0
2.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded .....	35,991,589	0	0	0	0	35,921,438	0	0	70,151	0
2.4 Net .....	509,053,596	194,655,312	11,317,150	3,535,365	664,895	73,929,223	172,125,121	0	52,826,530	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct .....	0									
3.2 Reinsurance assumed .....	0									
3.3 Reinsurance ceded .....	0									
3.4 Net .....	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1 Direct .....	701,200,233	231,779,634	12,615,557	4,381,945	785,274	119,738,370	273,633,428	0	58,266,025	0
4.2 Reinsurance assumed .....	5,940,152	0	0	0	0	0	0	5,940,152	0	0
4.3 Reinsurance ceded .....	35,991,589	0	0	0	0	35,921,438	0	0	70,151	0
4.4 Net .....	671,148,796	231,779,634	12,615,557	4,381,945	785,274	83,816,932	273,633,428	5,940,152	58,195,874	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE**

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred In Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical) .....	200,501,455	1,647,079,976	5,066,949	226,712,686	205,568,404	208,310,414
2. Medicare Supplement .....	9,754,412	92,171,893	117,036	12,531,659	9,871,448	10,694,914
3. Dental Only .....	2,781,400	38,547,588	62,420	4,319,525	2,843,820	2,976,148
4. Vision Only .....	1,334,076	11,338,151	(93)	785,366	1,333,983	1,442,781
5. Federal Employees Health Benefits Plan .....	76,448,117	696,530,835	(146,085)	84,040,033	76,302,032	84,517,112
6. Title XVIII - Medicare .....	139,372,048	1,928,348,360	(4,030,960)	277,664,389	135,341,088	136,203,529
7. Title XIX - Medicaid .....	0	20,798,697	0	5,940,152	0	0
8. Other health .....	41,588,253	376,537,506	(1,228,088)	59,423,963	40,360,165	44,592,269
9. Health subtotal (Lines 1 to 8) .....	471,779,761	4,811,353,006	(158,821)	671,417,773	471,620,940	488,737,167
10. Healthcare receivables (a) .....	7,995,185	41,907,261	0	0	7,995,185	0
11. Other non-health .....	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts .....	35,896,115	44,103,427	(3,715,878)	51,055,361	32,180,237	36,032,999
13. Totals (Lines 9 - 10 + 11 + 12)	499,680,691	4,813,549,172	(3,874,699)	722,473,134	495,805,992	524,770,166

(a) Excludes \$ .....26,542 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(\$000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	192,766	195,366	193,844	193,870	193,870
2.	2016 .....	1,860,660	2,070,371	2,072,723	2,073,038	2,073,245
3.	2017 .....	XXX	2,076,189	2,289,884	2,292,764	2,292,956
4.	2018 .....	XXX	XXX	1,605,987	1,781,049	1,786,231
5.	2019 .....	XXX	XXX	XXX	1,695,161	1,885,457
6.	2020 .....	XXX	XXX	XXX	XXX	1,652,681

Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	198,397	196,606	193,971	194,050	193,870
2.	2016 .....	2,087,949	2,077,387	2,074,014	2,073,033	2,073,610
3.	2017 .....	XXX	2,330,940	2,293,858	2,293,170	2,292,984
4.	2018 .....	XXX	XXX	1,800,887	1,785,300	1,786,502
5.	2019 .....	XXX	XXX	XXX	1,900,919	1,890,459
6.	2020 .....	XXX	XXX	XXX	XXX	1,881,856

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)

Years in which Premiums were Earned and Claims were Incurred	1  Premiums Earned	2  Claims Payment	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10  (Col. 9/1) Percent
1. 2016 .....	2,557,967	2,073,245	120,023	5.8	2,193,268	85.7	365	10	2,193,643	85.8
2. 2017 .....	2,808,654	2,292,956	117,301	5.1	2,410,257	85.8	28	0	2,410,285	85.8
3. 2018 .....	2,194,892	1,786,231	106,976	6.0	1,893,207	86.3	271	10	1,893,488	86.3
4. 2019 .....	2,285,816	1,885,457	98,989	5.3	1,984,446	86.8	5,003	111	1,989,560	87.0
5. 2020 .....	2,276,644	1,652,681	89,183	5.4	1,741,864	76.5	229,174	5,840	1,976,878	86.8

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(\$000 Omitted)

Section A - Paid Health Claims - Medicare Supplement

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	10,875	11,033	11,038	11,046	11,046
2.	2016 .....	81,909	92,127	92,184	92,192	92,193
3.	2017 .....	XXX	84,977	94,226	94,118	94,101
4.	2018 .....	XXX	XXX	89,713	98,654	98,623
5.	2019 .....	XXX	XXX	XXX	95,361	105,079
6.	2020 .....	XXX	XXX	XXX	XXX	92,101

Section B - Incurred Health Claims - Medicare Supplement

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	11,037	11,033	11,038	11,046	11,046
2.	2016 .....	95,035	92,154	92,184	92,192	92,193
3.	2017 .....	XXX	94,465	94,232	94,118	94,101
4.	2018 .....	XXX	XXX	99,989	98,763	98,627
5.	2019 .....	XXX	XXX	XXX	105,947	105,192
6.	2020 .....	XXX	XXX	XXX	XXX	104,633

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Medicare Supplement

Years in which Premiums were Earned and Claims were Incurred	1  Premiums Earned	2  Claims Payment	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10  (Col. 9/1) Percent
1. 2016 .....	128,257	92,193	9,955	10.8	102,148	79.6	0	0	102,148	79.6
2. 2017 .....	129,262	94,101	10,125	10.8	104,226	80.6	0	0	104,226	80.6
3. 2018 .....	135,557	98,623	9,900	10.0	108,523	80.1	4	0	108,527	80.1
4. 2019 .....	141,181	105,079	12,996	12.4	118,075	83.6	113	3	118,191	83.7
5. 2020 .....	150,044	92,101	10,531	11.4	102,632	68.4	12,532	318	115,482	77.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(\$000 Omitted)

Section A - Paid Health Claims - Dental Only

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	1,798	1,830	1,840	1,840	1,840
2.	2016 .....	32,186	34,285	34,330	34,344	34,344
3.	2017 .....	XXX	36,671	39,087	39,144	39,147
4.	2018 .....	XXX	XXX	38,351	40,944	40,982
5.	2019 .....	XXX	XXX	XXX	42,355	45,040
6.	2020 .....	XXX	XXX	XXX	XXX	38,500

Section B - Incurred Health Claims - Dental Only

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	1,832	1,834	1,840	1,840	1,840
2.	2016 .....	34,571	34,326	34,335	34,344	34,344
3.	2017 .....	XXX	39,288	39,145	39,152	39,147
4.	2018 .....	XXX	XXX	41,020	40,999	40,986
5.	2019 .....	XXX	XXX	XXX	45,268	45,097
6.	2020 .....	XXX	XXX	XXX	XXX	42,820

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only

Years in which Premiums were Earned and Claims were Incurred	1  Premiums Earned	2  Claims Payment	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10  (Col. 9/1) Percent
1. 2016 .....	48,412	34,344	4,670	13.6	39,014	80.6	0	0	39,014	80.6
2. 2017 .....	53,798	39,147	5,218	13.3	44,365	82.5	1	0	44,366	82.5
3. 2018 .....	55,400	40,982	5,573	13.6	46,555	84.0	5	0	46,560	84.0
4. 2019 .....	59,008	45,040	5,831	12.9	50,871	86.2	57	1	50,929	86.3
5. 2020 .....	62,545	38,500	5,228	13.6	43,728	69.9	4,320	77	48,125	76.9

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(\$000 Omitted)

Section A - Paid Health Claims - Vision Only

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	659	660	660	660	660
2.	2016 .....	8,169	8,695	8,695	8,695	8,695
3.	2017 .....	XXX	15,706	16,941	16,943	16,943
4.	2018 .....	XXX	XXX	16,208	17,314	17,304
5.	2019 .....	XXX	XXX	XXX	17,671	19,001
6.	2020 .....	XXX	XXX	XXX	XXX	11,326

Section B - Incurred Health Claims - Vision Only

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	659	660	660	660	660
2.	2016 .....	8,711	8,696	8,695	8,695	8,695
3.	2017 .....	XXX	16,978	16,942	16,943	16,943
4.	2018 .....	XXX	XXX	17,365	17,310	17,304
5.	2019 .....	XXX	XXX	XXX	19,117	19,001
6.	2020 .....	XXX	XXX	XXX	XXX	12,112

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Vision Only

Years in which Premiums were Earned and Claims were Incurred	1  Premiums Earned	2  Claims Payment	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10  (Col. 9/1) Percent
1. 2016 .....	12,544	8,695	887	10.2	9,582	76.4	0	0	9,582	76.4
2. 2017 .....	23,401	16,943	1,244	7.3	18,187	77.7	0	0	18,187	77.7
3. 2018 .....	24,659	17,304	1,342	7.8	18,646	75.6	0	0	18,646	75.6
4. 2019 .....	26,767	19,001	1,368	7.2	20,369	76.1	0	0	20,369	76.1
5. 2020 .....	21,075	11,326	1,337	11.8	12,663	60.1	785	21	13,469	63.9

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(\$000 Omitted)

Section A - Paid Health Claims - Federal Employees Health Benefits Plan Premium

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	102,417	102,677	101,899	101,675	101,675
2.	2016 .....	853,062	963,768	963,628	963,053	962,729
3.	2017 .....	XXX	915,909	1,031,025	1,031,769	1,030,900
4.	2018 .....	XXX	XXX	754,824	847,612	846,195
5.	2019 .....	XXX	XXX	XXX	719,945	798,690
6.	2020 .....	XXX	XXX	XXX	XXX	703,203

Section B - Incurred Health Claims - Federal Employees Health Benefits Plan Premium

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	103,352	102,685	101,899	101,675	101,675
2.	2016 .....	974,647	965,149	963,650	963,052	962,732
3.	2017 .....	XXX	1,040,273	1,031,503	1,031,768	1,030,899
4.	2018 .....	XXX	XXX	856,320	847,884	846,075
5.	2019 .....	XXX	XXX	XXX	805,195	798,513
6.	2020 .....	XXX	XXX	XXX	XXX	788,740

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Federal Employees Health Benefits Plan Premium

Years in which Premiums were Earned and Claims were Incurred	1  Premiums Earned	2  Claims Payment	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10  (Col. 9/1) Percent
1. 2016 .....	1,053,763	962,729	23,635	2.5	986,364	93.6	3	0	986,367	93.6
2. 2017 .....	1,088,478	1,030,900	23,869	2.3	1,054,769	96.9	(1)	0	1,054,768	96.9
3. 2018 .....	913,414	846,195	23,417	2.8	869,612	95.2	(120)	(2)	869,490	95.2
4. 2019 .....	837,357	798,690	18,463	2.3	817,153	97.6	(177)	(1)	816,975	97.6
5. 2020 .....	844,535	703,203	16,597	2.4	719,800	85.2	85,537	2,012	807,349	95.6



UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(\$000 Omitted)

Section A - Paid Health Claims - Title XVIII

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	134,906	136,686	134,661	132,280	132,280
2.	2016 .....	971,383	1,086,186	1,088,467	1,085,521	1,087,403
3.	2017 .....	XXX	1,111,038	1,199,881	1,198,403	1,199,818
4.	2018 .....	XXX	XXX	1,437,702	1,566,217	1,580,435
5.	2019 .....	XXX	XXX	XXX	1,691,787	1,847,054
6.	2020 .....	XXX	XXX	XXX	XXX	1,944,059

Section B - Incurred Health Claims - Title XVIII

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	138,770	136,463	134,539	133,381	132,280
2.	2016 .....	1,108,888	1,090,684	1,087,483	1,086,710	1,087,416
3.	2017 .....	XXX	1,226,751	1,197,690	1,198,770	1,199,700
4.	2018 .....	XXX	XXX	1,570,525	1,577,751	1,579,248
5.	2019 .....	XXX	XXX	XXX	1,846,552	1,840,148
6.	2020 .....	XXX	XXX	XXX	XXX	2,268,820

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII

Years in which Premiums were Earned and Claims were Incurred	1  Premiums Earned	2  Claims Payment	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10  (Col. 9/1) Percent
1. 2016 .....	1,300,929	1,087,403	70,936	6.5	1,158,339	89.0	13	0	1,158,352	89.0
2. 2017 .....	1,415,420	1,199,818	83,222	6.9	1,283,040	90.6	(118)	(3)	1,282,919	90.6
3. 2018 .....	1,860,795	1,580,435	100,943	6.4	1,681,378	90.4	(1,187)	(27)	1,680,164	90.3
4. 2019 .....	2,195,015	1,847,054	117,425	6.4	1,964,479	89.5	(6,906)	(64)	1,957,509	89.2
5. 2020 .....	2,692,863	1,944,059	121,486	6.2	2,065,545	76.7	324,761	6,475	2,396,781	89.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(\$000 Omitted)

Section A - Paid Health Claims - Title XIX

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	(3)	(3)	(1)	(1)	(1)
2.	2016 .....	0	0	0	0	0
3.	2017 .....	XXX	0	0	0	0
4.	2018 .....	XXX	XXX	0	0	0
5.	2019 .....	XXX	XXX	XXX	0	0
6.	2020 .....	XXX	XXX	XXX	XXX	20,799

Section B - Incurred Health Claims - Title XIX

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	(1)	(1)	(1)	(1)	(1)
2.	2016 .....	0	0	0	0	0
3.	2017 .....	XXX	0	0	0	0
4.	2018 .....	XXX	XXX	0	0	0
5.	2019 .....	XXX	XXX	XXX	0	0
6.	2020 .....	XXX	XXX	XXX	XXX	26,739

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XIX

Years in which Premiums were Earned and Claims were Incurred	1  Premiums Earned	2  Claims Payment	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10  (Col. 9/1) Percent
1. 2016 .....		0	0	0.0	0	0.0	0		0	0.0
2. 2017 .....	1,500	0	0	0.0	0	0.0	0		0	0.0
3. 2018 .....	0	0	0	0.0	0	0.0	0		0	0.0
4. 2019 .....		0	0	0.0	0	0.0	0		0	0.0
5. 2020 .....	22,311	20,799	152	0.7	20,951	93.9	5,940		26,891	120.5

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(\$000 Omitted)

Section A - Paid Health Claims - Other

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	14,442	14,534	14,534	14,534	14,534
2.	2016 .....	138,773	154,743	154,752	154,753	154,751
3.	2017 .....	XXX	129,050	141,205	141,185	141,208
4.	2018 .....	XXX	XXX	154,174	173,077	173,384
5.	2019 .....	XXX	XXX	XXX	279,240	320,081
6.	2020 .....	XXX	XXX	XXX	XXX	350,879

Section B - Incurred Health Claims - Other

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior .....	16,072	14,534	14,534	14,534	14,534
2.	2016 .....	159,479	157,688	154,752	154,753	154,751
3.	2017 .....	XXX	145,741	142,178	141,187	141,208
4.	2018 .....	XXX	XXX	169,529	173,179	173,397
5.	2019 .....	XXX	XXX	XXX	323,727	318,840
6.	2020 .....	XXX	XXX	XXX	XXX	410,303

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Other

Years in which Premiums were Earned and Claims were Incurred	1  Premiums Earned	2  Claims Payment	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10  (Col. 9/1) Percent
1. 2016 .....	195,178	154,751	1,228	0.8	155,979	79.9	0	0	155,979	79.9
2. 2017 .....	193,725	141,208	1,189	0.8	142,397	73.5	0	0	142,397	73.5
3. 2018 .....	213,642	173,384	2,885	1.7	176,269	82.5	13	0	176,282	82.5
4. 2019 .....	229,635	320,081	15,236	4.8	335,317	146.0	(1,241)	(28)	334,048	145.5
5. 2020 .....	233,608	350,879	14,679	4.2	365,558	156.5	59,424	1,350	426,332	182.5

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred						Cumulative Net Amounts Paid				
						1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior	.....	.....	.....	.....	457,860	462,783	458,475	455,904	455,904
2.	2016	.....	.....	.....	.....	3,946,142	4,410,175	4,414,779	4,411,596	4,413,360
3.	2017	.....	.....	.....	.....	XXX	4,369,540	4,812,249	4,814,326	4,815,073
4.	2018	.....	.....	.....	.....	XXX	XXX	4,096,959	4,524,867	4,543,154
5.	2019	.....	.....	.....	.....	XXX	XXX	XXX	4,541,520	5,020,402
6.	2020	.....	.....	.....	.....	XXX	XXX	XXX	XXX	4,813,548

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred						Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
						1 2016	2 2017	3 2018	4 2019	5 2020
1.	Prior	.....	.....	.....	.....	470,118	463,814	458,480	457,185	455,904
2.	2016	.....	.....	.....	.....	4,469,280	4,426,084	4,415,113	4,412,779	4,413,741
3.	2017	.....	.....	.....	.....	XXX	4,894,436	4,815,548	4,815,108	4,814,982
4.	2018	.....	.....	.....	.....	XXX	XXX	4,555,635	4,541,186	4,542,139
5.	2019	.....	.....	.....	.....	XXX	XXX	XXX	5,046,725	5,017,250
6.	2020	.....	.....	.....	.....	XXX	XXX	XXX	XXX	5,536,023

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2016	5,297,050	4,413,360	231,334	5.2	4,644,694	87.7	381	10	4,645,085	87.7
2.	2017	5,714,238	4,815,073	242,168	5.0	5,057,241	88.5	(90)	(3)	5,057,148	88.5
3.	2018	5,398,359	4,543,154	251,036	5.5	4,794,190	88.8	(1,014)	(19)	4,793,157	88.8
4.	2019	5,774,779	5,020,402	270,308	5.4	5,290,710	91.6	(3,151)	22	5,287,581	91.6
5.	2020	6,303,625	4,813,548	259,193	5.4	5,072,741	80.5	722,473	16,093	5,811,307	92.2

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves .....	4,075,601	0	4,075,601	0	0	0	0	0	0
2. Additional policy reserves (a) .....	18,557,628	71,701	18,485,927	0	0	0	0	0	0
3. Reserve for future contingent benefits .....	0	0	0	0	0	0	0	0	0
4. Reserve for rate credits or experience rating refunds (including \$ ..... ) for investment income .....	21,835,169	3,135,334	793,351	0	0	17,577,656	328,828	0	0
5. Aggregate write-ins for other policy reserves .....	6,621,327	6,621,327	0	0	0	0	0	0	0
6. Totals (gross) .....	51,089,725	9,828,362	23,354,879	0	0	17,577,656	328,828	0	0
7. Reinsurance ceded .....	5,273,297	0	0	0	0	5,273,297	0	0	0
8. Totals (Net)(Page 3, Line 4) .....	45,816,428	9,828,362	23,354,879	0	0	12,304,359	328,828	0	0
9. Present value of amounts not yet due on claims .....	0	0	0	0	0	0	0	0	0
10. Reserve for future contingent benefits .....	110,475	0	33,138	0	0	77,337	0	0	0
11. Aggregate write-ins for other claim reserves .....	0	0	0	0	0	0	0	0	0
12. Totals (gross) .....	110,475	0	33,138	0	0	77,337	0	0	0
13. Reinsurance ceded .....	319	0	0	0	0	319	0	0	0
14. Totals (Net)(Page 3, Line 7) .....	110,156	0	33,138	0	0	77,018	0	0	0
DETAILS OF WRITE-INS									
0501. Policy reserves subject to redetermination .....	6,621,327	6,621,327	0	0	0	0	0	0	0
0502. ....									
0503. ....									
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above) .....	6,621,327	6,621,327	0	0	0	0	0	0	0
1101. ....									
1102. ....									
1103. ....									
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above) .....	0	0	0	0	0	0	0	0	0

(a) Includes \$ ..... premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3	4	5
	1	2			
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent (\$ ..... for occupancy of own building) .....	4,814,094	4,833,231	1,535,212	1,621	11,184,158
2. Salary, wages and other benefits .....	161,088,450	100,569,003	217,532,229	229,741	479,419,423
3. Commissions (less \$ ..... ceded plus \$ ..... assumed) .....	0	0	185,915,809	0	185,915,809
4. Legal fees and expenses .....	8,241	2,765	69,651,328	73,560	69,735,894
5. Certifications and accreditation fees .....	0	0	0	0	0
6. Auditing, actuarial and other consulting services ....	17,936,150	9,871,381	70,014,334	73,944	97,895,809
7. Traveling expenses .....	236,422	65,154	1,419,973	1,500	1,723,049
8. Marketing and advertising .....	1,197,213	112,772	56,490,398	59,661	57,860,044
9. Postage, express and telephone .....	2,424,608	2,633,945	15,092,871	15,940	20,167,364
10. Printing and office supplies .....	294,291	30,410	762,700	805	1,088,206
11. Occupancy, depreciation and amortization .....	0	0	0	0	0
12. Equipment .....	15,954	26,119	1,933,124	2,042	1,977,239
13. Cost or depreciation of EDP equipment and software .....	2,399,801	1,636,352	26,020,558	27,481	30,084,192
14. Outsourced services including EDP, claims, and other services .....	50,583,326	53,550,843	72,417,233	76,481	176,627,883
15. Boards, bureaus and association fees .....	25,787	0	2,117,579	2,236	2,145,602
16. Insurance, except on real estate .....	0	0	2,391,660	2,526	2,394,186
17. Collection and bank service charges .....	140	58	1,251,511	1,322	1,253,031
18. Group service and administration fees .....	0	22,397,968	32,476,986	34,300	54,909,254
19. Reimbursements by uninsured plans .....	(131,003,835)	(135,138,495)	(290,561,353)	0	(556,703,683)
20. Reimbursements from fiscal intermediaries .....	0	0	0	0	0
21. Real estate expenses .....	579,158	230,834	5,829,956	6,156	6,646,104
22. Real estate taxes .....	0	0	513,139	0	513,139
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....	0	0	380,045	0	380,045
23.2 State premium taxes .....	0	0	23,048,759	0	23,048,759
23.3 Regulatory authority licenses and fees .....	38,662	14,252	1,113,232	0	1,166,146
23.4 Payroll taxes .....	9,393,812	5,915,816	12,253,979	0	27,563,607
23.5 Other (excluding federal income and real estate taxes) .....	0	0	114,926,046	0	114,926,046
24. Investment expenses not included elsewhere .....	0	0	0	2,466,825	2,466,825
25. Aggregate write-ins for expenses .....	1,869,523	27,292,449	(3,382,982)	(3,573)	25,775,417
26. Total expenses incurred (Lines 1 to 25) .....	121,901,797	94,044,857	621,144,326	3,072,568	(a) .....840,163,548
27. Less expenses unpaid December 31, current year ..	0	16,103,122	148,150,126	0	164,253,248
28. Add expenses unpaid December 31, prior year .....	0	11,680,700	84,354,083	0	96,034,783
29. Amounts receivable relating to uninsured plans, prior year .....	0	0	302,316,894	0	302,316,894
30. Amounts receivable relating to uninsured plans, current year .....			214,544,283		214,544,283
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	121,901,797	89,622,435	469,575,672	3,072,568	684,172,472
<b>DETAILS OF WRITE-INS</b>					
2501. Miscellaneous expenses .....	1,869,523	27,292,449	(3,382,982)	(3,573)	25,775,417
2502. ....					
2503. ....					
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	1,869,523	27,292,449	(3,382,982)	(3,573)	25,775,417

(a) Includes management fees of \$ .....985,338,087 to affiliates and \$ ..... to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. government bonds .....	(a) .....1,305,307	.....1,446,023
1.1	Bonds exempt from U.S. tax .....	(a) .....	.....
1.2	Other bonds (unaffiliated) .....	(a) .....37,790,266	.....41,050,365
1.3	Bonds of affiliates .....	(a) .....0	.....0
2.1	Preferred stocks (unaffiliated) .....	(b) .....13,004	.....13,004
2.11	Preferred stocks of affiliates .....	(b) .....0	.....0
2.2	Common stocks (unaffiliated) .....	.....146,243	.....146,243
2.21	Common stocks of affiliates .....	.....0	.....0
3.	Mortgage loans .....	(c) .....0	.....0
4.	Real estate .....	(d) .....0	.....0
5	Contract Loans .....	.....0	.....0
6	Cash, cash equivalents and short-term investments .....	(e) .....1,111,273	.....1,107,380
7	Derivative instruments .....	(f) .....0	.....0
8.	Other invested assets .....	.....0	.....0
9.	Aggregate write-ins for investment income .....	.....252,196	.....249,531
10.	Total gross investment income .....	40,618,289	44,012,546
11.	Investment expenses .....		(g) .....3,072,568
12.	Investment taxes, licenses and fees, excluding federal income taxes .....		(g) .....0
13.	Interest expense .....		(h) .....350,750
14.	Depreciation on real estate and other invested assets .....		(i) .....
15.	Aggregate write-ins for deductions from investment income .....		.....0
16.	Total deductions (Lines 11 through 15) .....		.....3,423,318
17.	Net investment income (Line 10 minus Line 16)		40,589,228
DETAILS OF WRITE-INS			
0901.	Miscellaneous income .....	.....217,272	.....217,272
0902.	Securities lending .....	.....34,924	.....32,259
0903.	.....		
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	252,196	249,531
1501.	.....		
1502.	.....		
1503.	.....		
1598.	Summary of remaining write-ins for Line 15 from overflow page .....		.....0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ .....1,220,934 accrual of discount less \$ .....11,423,444 amortization of premium and less \$ .....4,439,936 paid for accrued interest on purchases.
- (b) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ .....0 paid for accrued dividends on purchases.
- (c) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.
- (d) Includes \$ ..... for company's occupancy of its own buildings; and excludes \$ ..... interest on encumbrances.
- (e) Includes \$ .....53,353 accrual of discount less \$ .....18,746 amortization of premium and less \$ .....5,638 paid for accrued interest on purchases.
- (f) Includes \$ ..... accrual of discount less \$ ..... amortization of premium.
- (g) Includes \$. ..... investment expenses and \$ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ ..... interest on surplus notes and \$ ..... interest on capital notes.
- (i) Includes \$ ..... depreciation on real estate and \$ ..... depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....	76,806	0	76,806	0	0
1.1	Bonds exempt from U.S. tax .....			0		
1.2	Other bonds (unaffiliated) .....	(235,715)	(6,467,980)	(6,703,695)	(807,589)	0
1.3	Bonds of affiliates .....	0	0	0	0	0
2.1	Preferred stocks (unaffiliated) .....	0	0	0	(13,004)	0
2.11	Preferred stocks of affiliates .....	0	0	0	0	0
2.2	Common stocks (unaffiliated) .....	0	0	0	110,810	0
2.21	Common stocks of affiliates .....	0	0	0	0	0
3.	Mortgage loans .....		0	0	0	0
4.	Real estate .....		0	0		0
5.	Contract loans .....			0		
6.	Cash, cash equivalents and short-term investments .....	101,835	(36)	101,799	(6,051)	
7.	Derivative instruments .....			0		
8.	Other invested assets .....	0	0	0	16,313,119	0
9.	Aggregate write-ins for capital gains (losses) .....	17,306	503,918	521,224	0	0
10.	Total capital gains (losses) .....	(39,768)	(5,964,098)	(6,003,866)	15,597,285	0
DETAILS OF WRITE-INS						
0901.	Gain on sale-lease back activity .....		503,918	503,918		
0902.	Foreign exchange investments .....	17,306		17,306		
0903.	.....					
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	17,306	503,918	521,224	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....			0
2.2 Common stocks .....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....			0
3.2 Other than first liens .....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....			0
4.2 Properties held for the production of income .....			0
4.3 Properties held for sale .....			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) .....			0
6. Contract loans .....			0
7. Derivatives (Schedule DB) .....			0
8. Other invested assets (Schedule BA) .....			0
9. Receivables for securities .....			0
10. Securities lending reinvested collateral assets (Schedule DL) .....			0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	0	0	0
13. Title plants (for Title insurers only) .....			0
14. Investment income due and accrued .....	470,767	15,770	(454,997)
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....	3,254,714	1,961,857	(1,292,857)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....			0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....			0
16.2 Funds held by or deposited with reinsured companies .....			0
16.3 Other amounts receivable under reinsurance contracts .....			0
17. Amounts receivable relating to uninsured plans .....	17,131,012	26,504,914	9,373,902
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0
18.2 Net deferred tax asset .....	1,731,193	3,444,065	1,712,872
19. Guaranty funds receivable or on deposit .....			0
20. Electronic data processing equipment and software .....			0
21. Furniture and equipment, including health care delivery assets .....	9,344,706	17,296,056	7,951,350
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0
23. Receivable from parent, subsidiaries and affiliates .....			0
24. Health care and other amounts receivable .....	13,699,936	39,562,576	25,862,640
25. Aggregate write-ins for other than invested assets .....	26,455,259	27,134,227	678,968
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	72,087,587	115,919,465	43,831,878
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0
28. Total (Lines 26 and 27) .....	72,087,587	115,919,465	43,831,878
DETAILS OF WRITE-INS			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) .....	0	0	0
2501. Prepaid expenses .....	21,299,968	18,053,079	(3,246,889)
2502. Other miscellaneous accounts receivable .....	5,155,291	9,081,148	3,925,857
2503. ....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	26,455,259	27,134,227	678,968



EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations .....	210,589	233,555	236,875	241,068	242,495	2,851,007
2. Provider Service Organizations .....						
3. Preferred Provider Organizations .....	1,422,781	1,490,799	1,482,895	1,488,760	1,494,005	17,873,006
4. Point of Service .....						
5. Indemnity Only .....	60,631	61,667	63,863	65,813	66,749	769,483
6. Aggregate write-ins for other lines of business .....	371,569	409,266	401,370	397,501	397,532	4,808,386
7. Total	2,065,570	2,195,287	2,185,003	2,193,142	2,200,781	26,301,882
DETAILS OF WRITE-INS						
0601. Consumer Driven Health Plans .....	370,937	408,182	400,144	395,728	395,415	4,790,544
0602. Disability and Accident .....	632	1,084	1,226	1,773	2,117	17,842
0603. ....						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	371,569	409,266	401,370	397,501	397,532	4,808,386

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying financial statements of Community Insurance Company (the “Company”) have been prepared in conformity with the National Association of Insurance Commissioners’ (“NAIC”) *Annual Statement Instructions* and in accordance with accounting practices prescribed by the NAIC *Accounting Practices and Procedures Manual* (“NAIC SAP”), subject to any deviations prescribed or permitted by the Ohio Insurance Department (the “Department”).

A reconciliation of the Company’s net income (loss) and capital and surplus between NAIC SAP and practices prescribed and permitted by the Department is shown below:

	SSAP #	F/S Page	F/S Line #	2020	2019
<b><u>Net Income</u></b>					
(1) Community Insurance Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 175,040,427	\$352,244,072
(2) State Prescribed Practices that is an increase/(decrease) from NAIC SAP:				—	—
(3) State Permitted Practices that is an increase/(decrease) from NAIC SAP:				—	—
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 175,040,427	\$352,244,072
<b><u>Surplus</u></b>					
(5) Community Insurance Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 850,904,188	\$773,738,090
(6) State Prescribed Practices that is an increase/(decrease) from NAIC SAP:				—	—
(7) State Permitted Practices that is an increase/(decrease) from NAIC SAP:				—	—
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 850,904,188	\$773,738,090

B. Use of Estimates in the Preparation of the Financial Statements

Preparation of financial statements requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

C. Accounting Policies

Health premiums are earned over the term of the related insurance policies and reinsurance contracts. Premiums written are reported net of excess loss reinsurance ceded and experience rating refunds. Unearned premium reserves are established to cover the unexpired portion of premiums written and are computed by pro rata methods for direct business and based on reports received from ceding companies for reinsurance.. Premiums paid by subscribers prior to the effective date are recorded on the balance sheet as premiums received in advance and are subsequently credited to income as earned during the coverage period. Premium rates for certain lines of business are subject to approval by the Department. Expenses incurred in connection with acquiring new

## NOTES TO FINANCIAL STATEMENTS

insurance business , including acquisition costs such as sales commissions, are charged to operations as incurred. All other costs, including underwriting expenses, are charged to operations as incurred.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments include investments with maturities of less than one year and more than three months at the date of acquisition and are reported at amortized cost, which approximates fair value. Non-investment grade short-term investments are stated at the lower of amortized cost or fair value.
- (2) Investment grade bonds not backed by other loans are stated at amortized cost, with amortization calculated based on the modified scientific method, using lower of yield to call or yield to maturity. Non-investment grade bonds are stated at the lower of amortized cost or fair value as determined by various third-party pricing sources.
- (3) Common stocks of unaffiliated companies are stated at fair value based upon security ratings prescribed by various third-party pricing sources.
- (4) Redeemable preferred stocks of unaffiliated companies of highest and high quality are stated at cost or amortized cost. Perpetual preferred stocks of unaffiliated companies of highest and high quality are stated at fair value. All other preferred stocks are reported at lower of cost, amortized cost or fair value.
- (5) The Company has no mortgage loans - real estate.
- (6) Loan-backed securities are stated at amortized cost. Prepayment assumptions for loan-backed securities and structured securities were obtained from broker-dealer survey values or internal estimates. These assumptions are consistent with the current interest rate and economic environment. The retrospective adjustment method is used to value all loan-backed securities. Non-investment grade loan-backed securities are stated at the lower of amortized cost or fair value.
- (7) The Company has no investments in subsidiaries, controlled and affiliated companies.
- (8) The Company has ownership interests in unaffiliated joint ventures and limited liability companies. The Company reports these interests as Other Long-Term Invested Assets on Schedule BA. The Company carries these investments at their underlying GAAP equity value. The Company reports the net change in the equity, excluding changes in capital contributions and distributions received in excess of undistributed earnings, as a change in net unrealized capital gains and losses.
- (9) The Company has no derivative instruments.
- (10) The Company recognizes losses from other-than-temporary impairments ("OTTI") of investments in accordance with Statements of Standard Accounting Practice ("SSAP") No. 26R, *Bonds*; and SSAP No. 30, *Common Stock*; and SSAP No. 32, *Preferred Stock*.
- (11) The Company does not anticipate investment income as a factor in premium deficiency calculations.
- (12) Unpaid claims and claims adjustment expenses include management's best estimate of amounts based on historical claim development patterns and certain individual case estimates. The established liability considers health benefit provisions, business practices, economic conditions and other factors that may materially affect the cost, frequency and severity of claims. Liabilities for unpaid claims and claim adjustment expenses are based on assumptions and estimates, and while management believes such estimates are reasonable, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and changes in estimates are incorporated into current period estimates.
- (13) The Company has not modified its capitalization policy from the prior period.
- (14) Pharmacy rebate receivables are recorded when earned based upon actual rebate receivables billed and an estimate of receivables based upon current utilization of specific pharmaceuticals and provider contract terms.

## NOTES TO FINANCIAL STATEMENTS

- (15) Service fees earned from providing administrative services to self-insured customers are deducted from operating expenses, and related claim payments and subsequent reimbursements of those claim payments are excluded from net income.
- (16) The Company records a liability for future policy benefits relating to certain Medicare supplement and individual product contracts. The liability represents the present value of future benefits to be paid to or on behalf of policy holders and related expenses less the present value of future net premiums. Changes in the liability for future benefits are reported as a component of net income in the period in which the change occurs.
- (17) Premium under the Federal Employee Program ("FEP") is earned when chargeable benefit costs, allowable expenses and retentions are incurred. Deferred premiums are recorded to offset the FEP liabilities for incurred claims but not reported and claims adjustment expenses that are due from the Office of Personnel Management ("OPM"), when the claims are ultimately paid.
- (18) For investments in corporate-owned life insurance ("COLI"), the amount that could be realized on a life insurance policy as of the date to which premiums have been paid is reported as an admitted asset. The change in the cash surrender value, or contract value, of COLI during the period is treated as income.
- (19) A discount rate is applied to guaranty fund liabilities and assets related to assessments from insolvencies of entities that wrote long-term care contracts.

### **D. Going Concern**

Not applicable.

## **2. Accounting Changes and Corrections of Errors**

There were no accounting changes or corrections of errors during the years ended December 31, 2020 and 2019.

## **3. Business Combinations and Goodwill**

### **A. Statutory Purchase Method**

Not applicable.

### **B. Statutory Merger**

Not applicable.

### **C. Assumption Reinsurance**

Not applicable.

### **D. Impairment Loss**

Not applicable.

## **4. Discontinued Operations**

The Company had no operations that were discontinued during 2020 or 2019.

## **5. Investments**

### **A. Mortgage Loans, including Mezzanine Real Estate Loans**

The Company did not have investments in mortgage loans at December 31, 2020 or 2019.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

NOTES TO FINANCIAL STATEMENTS

**B. Debt Restructuring**

The Company did not have invested assets that were restructured debt at December 31, 2020 or 2019.

**C. Reverse Mortgages**

The Company did not have investments in reverse mortgages at December 31, 2020 or 2019.

**D. Loan-Backed Securities**

- (1) Prepayment assumptions for single-class and multi-class mortgage-backed and asset-backed securities were obtained from broker-dealer survey values or internal estimates. The Company used various third-party pricing sources in determining the market value of its loan-backed securities.
- (2) The Company did not recognize OTTI on its loan-backed securities during the years ended December 31, 2020 and 2019.
- (3) The Company did not recognize OTTI on its loan-backed securities at December 31, 2020 and 2019.
- (4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a. The aggregate amount of unrealized losses:	1. Less than 12 Months	\$	(202,905)
	2. 12 Months or Longer	\$	—
b. The aggregate related fair value of securities with unrealized losses:	1. Less than 12 Months	\$	24,599,835
	2. 12 Months or Longer	\$	—

- (5) The Company’s bond portfolio is sensitive to interest rate fluctuations, which impact the fair value of individual securities. Unrealized losses on bonds were primarily caused by the effects of the interest rate environment and the widening of credit spreads on certain securities. The Company currently has the ability and intent to hold these securities until their full cost can be recovered. Therefore, the Company does not believe the unrealized losses represent an OTTI at December 31, 2020 or 2019.

**E. Dollar Repurchase Agreements and/or Securities Lending Transactions**

- (1) The Company did not enter into repurchase agreements at December 31, 2020 or 2019.
- (2) The Company participates in a securities lending program whereby marketable securities in its investment portfolio are transferred to independent brokers or dealers based on, among other things, their creditworthiness in exchange for collateral initially equal to at least 102% of the market value of the loaned securities. The Company receives the collateral in cash or securities, and if cash is received the cash collateral is thereafter invested according to guidelines of the Company’s Investment Policy.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

NOTES TO FINANCIAL STATEMENTS

(3) Collateral Received

a. Aggregate amount collateral received

		<u>Fair Value</u>
1. Securities Lending		
(a) Open	\$	12,922,131
(b) 30 days or less		—
(c) 31 to 60 days		—
(d) 61 to 90 days		—
(e) Greater than 90 days		—
(f) Sub-total	\$	12,922,131
(g) Securities received		2,498,525
(h) Total collateral received	\$	<u>15,420,656</u>
2. Dollar repurchase agreement - Not applicable.		
b. The fair value of that collateral and of the portion of that collateral that it has sold or repledged	\$	<u>15,420,656</u>

c. The Company receives cash collateral in an amount in excess of fair value of the securities lent. The Company reinvests the cash collateral according to guidelines of the Company’s Investment Policy.

(4) Not applicable.

(5) Collateral Reinvestment

a. Aggregate amount collateral reinvested

	<u>Amortized Cost</u>	<u>Fair Value</u>
1. Securities Lending		
(a) Open	\$ —	\$ —
(b) 30 days or less	6,740,234	6,740,376
(c) 31 to 60 days	3,343,233	3,343,225
(d) 61 to 90 days	1,933,357	1,933,094
(e) 91 to 120 days	—	—
(f) 121 to 180 days	219,940	220,051
(g) 181 to 365 days	685,281	685,385
(h) 1 to 2 years	—	—
(i) 2 to 3 years	—	—
(j) Greater than 3 years	—	—
(k) Sub-total	12,922,045	12,922,131
(l) Securities received	2,498,525	2,498,525
(m) Total collateral reinvested	<u>\$ 15,420,570</u>	<u>\$ 15,420,656</u>
2. Dollar repurchase agreement - Not applicable.		

b. Not applicable.

(6) Not applicable.

(7) Not applicable.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

The Company did not enter into repurchase agreement transactions accounted for as secured borrowing at December 31, 2020 or 2019.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

NOTES TO FINANCIAL STATEMENTS

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

The Company did not enter into reverse repurchase agreement transactions accounted for as a secured borrowing at December 31, 2020 or 2019.

H. Repurchase Agreements Transactions Accounted for as a Sale

The Company did not enter into repurchase agreement transactions accounted for as a sale at December 31, 2020 or 2019.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

The Company did not enter into reverse repurchase agreement transactions accounted for as a sale at December 31, 2020 or 2019.

J. Real Estate

The Company did not have investments in real estate and did not engage in retail land sales operations during 2020 or 2019.

K. Investments in Low-Income Housing Tax Credits

The Company did not invest in properties generating low-income housing tax credits during 2020 or 2019.

L. Restricted Assets

(1) Restricted assets (including pledged)

		1	2	3	4	5	6	7
		Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross Admitted and Nonadmitted Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
Restricted Asset Category								
a.	Subject to contractual obligation for which liability is not shown	\$ —	\$ —	\$ —	\$ —	\$ —	— %	— %
b.	Collateral held under security lending agreements	15,420,570	16,105,802	(685,232)	—	15,420,570	0.73 %	0.75 %
c.	Subject to repurchase agreements	—	—	—	—	—	— %	— %
d.	Subject to reverse repurchase agreements	—	—	—	—	—	— %	— %
e.	Subject to dollar repurchase agreements	—	—	—	—	—	— %	— %
f.	Subject to dollar reverse repurchase agreements	—	—	—	—	—	— %	— %
g.	Placed under option contracts	—	—	—	—	—	— %	— %
h.	Letter stock or securities restricted as to sale-excluding FHLB capital stock	—	—	—	—	—	— %	— %
i.	FHLB capital stock	6,786,300	6,509,000	277,300	—	6,786,300	0.32 %	0.33 %
j.	On deposit with states	443,413	452,251	(8,838)	—	443,413	0.02 %	0.02 %
k.	On deposit with other regulatory bodies	—	—	—	—	—	— %	— %
l.	Pledged as collateral to FHLB (including assets backing funding agreements)	251,920,466	158,748,163	93,172,303	—	251,920,466	11.85 %	12.26 %
m.	Pledged as collateral not captured in other categories	—	—	—	—	—	— %	— %
n.	Other restricted assets	—	—	—	—	—	— %	— %
o.	Total Restricted Assets	\$ 274,570,749	\$ 181,815,216	\$ 92,755,533	\$ —	\$274,570,749	12.91 %	13.37 %

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

NOTES TO FINANCIAL STATEMENTS

- (2) Not applicable.
- (3) Not applicable.
- (4) Collateral Received and Reflected as Assets Within the Reporting Entity’s Financial Statements

Collateral Assets	1	2	3	4
	Book/Adjusted Carrying Value (BACV)	Fair Value	% of BACV to Total Assets (Admitted and Nonadmitted*)	% of BACV to Total Admitted Assets **
a. Cash	\$ —	\$ —	— %	— %
b. Schedule D, Part 1	—	—	—	—
c. Schedule D, Part 2 Section 1	—	—	—	—
d. Schedule D, Part 2 Section 2	—	—	—	—
e. Schedule B	—	—	—	—
f. Schedule A	—	—	—	—
g. Schedule BA, Part 1	—	—	—	—
h. Schedule DL, Part 1	15,420,570	15,420,656	0.73 %	0.75 %
i. Other	—	—	—	—
j. Total Collateral Assets (a+b+c+d+e+f+g+h+i)	\$ 15,420,570	\$ 15,420,656	0.73 %	0.75 %

\* Column 1 divided by Asset Page, Line 26 (Column 1)

\*\* Column 1 divided by Asset Page, Line 26 (Column 3)

	<u>1</u>	<u>2</u>
	<u>Amount</u>	<u>% of Liability to Total Liabilities *</u>
k. Recognized Obligation to Return Collateral Asset	\$ 15,420,570	1.28 %

\* Column 1 divided by Liability Page, Line 24 (Column 3)

M. Working Capital Finance Investments

The Company did not have any working capital finance investments at December 31, 2020 and 2019.

N. Offsetting and Netting of Assets and Liabilities

The Company did not have any offsetting or netting of assets and liabilities at December 31, 2020 and 2019.

O. 5GI Securities

The Company has no 5GI Securities as of December 31, 2020 and 2019.

P. Short Sales

The Company did not have any short sales at December 31, 2020 and 2019.



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

NOTES TO FINANCIAL STATEMENTS

Q. Prepayment Penalty and Acceleration Fees

	General Account
(1) Number of CUSIPs	10
(2) Aggregate Amount of Investment Income \$	116,992

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company has no investments in joint ventures, partnerships or limited liability companies that exceeded 10% of its admitted assets at December 31, 2020 or 2019.
- B. The Company did not recognize any impairment write downs for its investments in joint ventures, partnerships, or limited liability companies during 2020 or 2019.

7. Investment Income

- A. All investment income due and accrued with amounts that are over 90 days past due is non-admitted.
- B. At December 31, 2020 and 2019 there was \$470,767 and \$15,770 of nonadmitted accrued investment income, respectively.

8. Derivative Instruments

The Company has no derivative instruments.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

NOTES TO FINANCIAL STATEMENTS

9. Income Taxes

A. The components of net deferred tax assets (liabilities):

(a) The components of net deferred tax asset (liabilities) are as follows:

12/31/2020			
(1)	(2)	(3)	
Ordinary	Capital	(Col 1+2) Total	
(a) Gross Deferred Tax Assets	\$ 56,019,220	\$ 1,273,237	\$ 57,292,457
(b) Statutory Valuation Allowance Adjustments	—	—	—
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	56,019,220	1,273,237	57,292,457
(d) Deferred Tax Assets Nonadmitted	1,731,193	—	1,731,193
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	54,288,027	1,273,237	55,561,264
(f) Deferred Tax Liabilities	870,431	4,371,447	5,241,878
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 53,417,596	\$ (3,098,210)	\$ 50,319,386

12/31/2019			
(4)	(5)	(6)	
Ordinary	Capital	(Col 4+5) Total	
(a) Gross Deferred Tax Assets	\$ 47,621,110	\$ 989,143	\$ 48,610,253
(b) Statutory Valuation Allowance Adjustments	—	—	—
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	47,621,110	989,143	48,610,253
(d) Deferred Tax Assets Nonadmitted	3,444,065	—	3,444,065
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	44,177,045	989,143	45,166,188
(f) Deferred Tax Liabilities	1,382,709	3,377,391	4,760,100
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 42,794,336	\$ (2,388,248)	\$ 40,406,088

Change			
(7)	(8)	(9)	
(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total	
(a) Gross Deferred Tax Assets	\$ 8,398,110	\$ 284,094	\$ 8,682,204
(b) Statutory Valuation Allowance Adjustments	—	—	—
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	8,398,110	284,094	8,682,204
(d) Deferred Tax Assets Nonadmitted	(1,712,872)	—	(1,712,872)
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	10,110,982	284,094	10,395,076
(f) Deferred Tax Liabilities	(512,278)	994,056	481,778
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 10,623,260	\$ (709,962)	\$ 9,913,298

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

NOTES TO FINANCIAL STATEMENTS

(b) The amount of admitted adjusted gross deferred tax assets under each component of SSAP No. 101, *Income Taxes* (“SSAP No. 101”) are as follows:

12/31/2020			
(1)	(2)	(3)	
Ordinary	Capital	(Col 1+2) Total	
Admission Calculation Components SSAP No. 101			
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.	\$ 48,246,358	\$ 1,091,346	\$ 49,337,704
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	981,682	—	981,682
1. Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	981,682	—	981,682
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	120,087,720
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	5,059,987	181,891	5,241,878
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 54,288,027	\$ 1,273,237	\$ 55,561,264

12/31/2019		
(4)	(5)	(6)
Ordinary	Capital	(Col 4+5) Total

Admission Calculation Components SSAP No. 101

(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.	\$ 38,910,517	\$ 847,837	\$ 39,758,354
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	647,734	—	647,734
1. Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	647,734	—	647,734
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	109,999,800
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	4,618,794	141,306	4,760,100
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 44,177,045	\$ 989,143	\$ 45,166,188

Change		
(7)	(8)	(9)
(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total

Admission Calculation Components SSAP No. 101

(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.	\$ 9,335,841	\$ 243,509	\$ 9,579,350
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	333,948	—	333,948
1. Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	333,948	—	333,948
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	10,087,920
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	441,193	40,585	481,778
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 10,110,982	\$ 284,094	\$ 10,395,076

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

NOTES TO FINANCIAL STATEMENTS

(3)		2020	2019
(a)	Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	344.27 %	347.00 %
(b)	Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 800,584,802	\$ 733,332,002

(4)		12/31/2020		12/31/2019		Change	
		(1)	(2)	(3)	(4)	(5)	(6)
		Ordinary	Capital	Ordinary	Capital	(Col 1-3) Ordinary	(Col 2-4) Capital

Impact of Tax-Planning Strategies

(a)	Determination of Adjusted Gross Deferred Tax Assets and Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.						
1.	Adjusted Gross DTAs Amount From Note 9A1(c)	\$ 56,019,220	\$ 1,273,237	\$ 47,621,110	\$ 989,143	\$ 8,398,110	\$ 284,094
2.	Percentage of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	— %	— %	— %	— %	— %	— %
3.	Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	\$ 54,288,027	\$ 1,273,237	\$ 44,177,045	\$ 989,143	\$ 10,110,982	\$ 284,094
4.	Percentage of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	— %	— %	— %	— %	— %	— %
(b)	Does the Company’s tax-planning strategies include the use of reinsurance?	Yes _____		No _____		X _____	

B. The Company has no unrecognized deferred tax liabilities at December 31, 2020 and 2019.

C. Current income taxes incurred consist of the following major components:

	(1)	(2)	(3)
	12/31/2020	12/31/2019	(Col 1-2) Change
(1) Current Income Tax			
(a) Federal	\$ 97,030,154	\$ 91,454,645	\$ 5,575,509
(b) Foreign	—	—	—
(c) Subtotal	97,030,154	91,454,645	5,575,509
(d) Federal income tax expense on net capital gains	436,975	539,658	(102,683)
(e) Utilization of capital loss carry-forwards	—	—	—
(f) Other	—	—	—
(g) Federal and foreign income taxes incurred	\$ 97,467,129	\$ 91,994,303	\$ 5,472,826

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

**NOTES TO FINANCIAL STATEMENTS**

	(1)	(2)	(3)
	12/31/2020	12/31/2019	(Col 1-2) Change
(2) Deferred Tax Assets:			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 2,626,673	\$ 1,275,826	\$ 1,350,847
(2) Unearned premium reserve	2,195,856	2,142,416	53,440
(3) Policyholder reserves	3,398,260	2,409,327	988,933
(4) Investments	—	—	—
(5) Deferred acquisition costs	2,853,154	2,902,394	(49,240)
(6) Policyholder dividends accrual	—	—	—
(7) Fixed assets	2,092,716	3,318,994	(1,226,278)
(8) Compensation and benefits accrual	2,914,351	2,367,266	547,085
(9) Pension accrual	—	—	—
(10) Receivables - nonadmitted	8,230,709	15,252,554	(7,021,845)
(11) Net operating loss carry-forward	—	—	—
(12) Tax credit carry-forward	—	—	—
(13) Other (including items <5% of total ordinary tax assets)	50,351	997,229	(946,878)
(14) Accrued future expenses	19,144,740	7,534,659	11,610,081
(15) Amortization	250,929	681,094	(430,165)
(16) Prepaid expenses	4,350,999	2,995,236	1,355,763
(17) Section 467 lease expense	2,877,778	584,268	2,293,510
(18) State income tax liability	5,032,704	5,159,847	(127,143)
(99) Subtotal	56,019,220	47,621,110	8,398,110
(b) Statutory valuation allowance adjustment	—	—	—
(c) Nonadmitted	1,731,193	3,444,065	(1,712,872)
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	54,288,027	44,177,045	10,110,982
(e) Capital			
(1) Investments	1,273,237	989,143	284,094
(2) Net capital loss carry-forward	—	—	—
(3) Real estate	—	—	—
(4) Other (including items <5% of total capital tax assets)	—	—	—
(99) Subtotal	1,273,237	989,143	284,094
(f) Statutory valuation allowance adjustment	—	—	—
(g) Nonadmitted	—	—	—
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	1,273,237	989,143	284,094
(i) Admitted deferred tax assets (2d + 2h)	\$ 55,561,264	\$ 45,166,188	\$ 10,395,076

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

NOTES TO FINANCIAL STATEMENTS

	(1)	(2)	(3)
	12/31/2020	12/31/2019	(Col 1-2) Change
(3) Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	\$ —	\$ —	\$ —
(2) Fixed assets	—	—	—
(3) Deferred and uncollected premium	—	—	—
(4) Policyholder reserves	—	—	—
(5) Other (including items <5% of total ordinary tax liabilities)	—	—	—
(6) Discount of coordination of benefits	25,514	44,758	(19,244)
(7) Guaranty fund assessment	844,917	1,337,951	(493,034)
(8) Building improvements	—	—	—
(99) Subtotal	870,431	1,382,709	(512,278)
(b) Capital			
(1) Investments	—	—	—
(2) Real estate	211,646	105,823	105,823
(3) Other (including items <5% of total capital tax liabilities)	—	—	—
(4) Investment partnership income	4,159,801	3,271,568	888,233
(99) Subtotal	4,371,447	3,377,391	994,056
(c) Deferred tax liabilities (3a99 + 3b99)	5,241,878	4,760,100	481,778
(4) Net deferred tax assets/liabilities (2i - 3c)	\$ 50,319,386	\$ 40,406,088	\$ 9,913,298

**D.** The Company’s income tax expense and change in deferred income taxes differs from the amount obtained by applying the federal statutory income tax rate of 21% for the year ended December 31 as follows:

	2020	2019
Tax expense computed using federal statutory rate	\$ 57,226,587	\$ 93,290,059
ACA health insurer fee	23,376,396	—
Change in nonadmitted assets	8,844,991	(4,248,728)
Tax exempt income and dividend received deduction net of proration	(1,874,798)	(1,814,086)
Prior year true-up and adjustments	217,669	837,592
Tax settlements and contingencies	—	(2,199,688)
Investment in corporate-owned life insurance	(1,741,629)	(1,987,803)
Other, net	(57,943)	66,143
Total	\$ 85,991,273	\$ 83,943,489
Federal income taxes incurred	\$ 97,467,129	\$ 91,994,303
Change in net deferred income taxes	(11,475,856)	(8,050,814)
Total statutory income taxes	\$ 85,991,273	\$ 83,943,489

**E. Operating loss carryforwards:**

- (1) The Company has no operating loss carryforwards and no tax credit carryforwards as of December 31, 2020 or 2019.
- (2) The following are income taxes incurred in the current and prior year(s) that will be available for recoupment in the event of future net losses:

	Ordinary	Capital	Total
2020	\$ 100,277,389	\$ 436,975	\$ 100,714,364
2019	91,594,847	539,658	92,134,505
2018	N/A	12,440,698	12,440,698

## NOTES TO FINANCIAL STATEMENTS

(3) The Company has no protective tax deposits reported as admitted assets under Section 6603 of the Internal Revenue Service Code as of December 31, 2020 and 2019.

F. The following companies will be included in the consolidated federal income tax return with their parent Anthem, Inc. (“Anthem”) as of December 31, 2020 and either are current members of the consolidated tax sharing agreement or are in the process of being added to the consolidated tax sharing agreement. Allocation of federal income taxes with affiliates subject to the tax sharing agreement is based upon separate income tax return calculations with credit for net losses that can be used on a consolidated basis. Pursuant to this agreement, the Company has the enforceable right to recoup federal income taxes paid in prior years in the event of future losses, which it may incur, or to recoup its net losses carried forward as an offset to future net income subject to federal income taxes. Intercompany income tax balances are settled based on the Internal Revenue Service due dates.

American Imaging Management, Inc.	Designated Agent Company, Inc.
America's 1st Choice of South Carolina, Inc.	EHC Benefits Agency, Inc.
America's Health Management Services, Inc.	Empire HealthChoice Assurance, Inc.
AMERIGROUP Community Care of New Mexico, Inc.	Empire HealthChoice HMO, Inc.
AMERIGROUP Corporation	Federal Government Solutions, LLC
Amerigroup Delaware, Inc.	FHC Health Systems, Inc.
AMERIGROUP District of Columbia, Inc.	Freedom Health, Inc.
Amerigroup Health Plan of Louisiana, Inc.	Golden West Health Plan, Inc.
Amerigroup Insurance Company	Health Core, Inc.
AMERIGROUP Iowa, Inc.	Health Management Corporation
Amerigroup Kansas, Inc.	HealthKeepers, Inc.
AMERIGROUP Maryland, Inc.	HealthLink HMO, Inc.
AMERIGROUP Mississippi, Inc.	HealthLink Insurance Company
AMERIGROUP New Jersey, Inc.	HealthLink, Inc.
AMERIGROUP Ohio, Inc.	HealthPlus HP, LLC
AMERIGROUP Oklahoma, Inc.	HealthSun Health Plan, Inc.
Amerigroup Pennsylvania, Inc.	Healthy Alliance Life Insurance Company
AMERIGROUP Tennessee, Inc.	HEP AP Holdings, Inc.
AMERIGROUP Texas, Inc.	Highland Holdco, Inc.
AMERIGROUP Washington, Inc.	HMO Colorado, Inc.
AMGP Georgia Managed Care Company, Inc.	HMO Missouri, Inc.
Anthem Blue Cross Life and Health Insurance Company	IEC Group Holdings, Inc.
Anthem Financial, Inc.	IEC Group, Inc. d/b/a AmeriBen
Anthem Health Plans of Kentucky, Inc.	Imaging Management Holdings, LLC
Anthem Health Plans of Maine, Inc.	IngenioRx, Inc.
Anthem Health Plans of New Hampshire, Inc.	Legato Holdings I, Inc.
Anthem Health Plans of Virginia, Inc.	Living Complete Technologies, Inc.
Anthem Health Plans, Inc.	Massachusetts Behavioral Health Partnership
Anthem Holding Corp.	Matthew Thornton Health Plan, Inc.
Anthem Insurance Companies, Inc.	Missouri Care, Incorporated
Anthem Kentucky Managed Care Plan, Inc.	Nash Holding Company, LLC
Anthem Southeast, Inc.	National Government Services, Inc.
Anthem UM Services, Inc.	New England Research Institutes, Inc.
Anthem, Inc.	Optimum Healthcare, Inc.
Arcus Enterprises, Inc.	OPTIONS Health Care, Inc.
Aspire Health, Inc.	Park Square Holdings, Inc.
Associated Group, Inc.	Park Square I, Inc.
Beacon Health Financing, LLC	Park Square II, Inc.
Beacon Health Options Care Services, Inc.	Resolution Health, Inc.
Beacon Health Options Holdco, Inc.	RightCHOICE Managed Care, Inc.
Beacon Health Options, Inc.	Rocky Mountain Hospital and Medical Service, Inc.
Beacon Health Options of California, Inc.	SellCore, Inc.
Beacon Health Options of Ohio, Inc.	Simply Healthcare Plans, Inc.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

NOTES TO FINANCIAL STATEMENTS

Beacon Health Options of Pennsylvania, Inc.	Southeast Services, Inc.
Beacon Health Vista Parent, Inc.	State Sponsored Services, Inc.
BHS IPA, LLC	The Anthem Companies of California, Inc.
Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	The Anthem Companies, Inc.
Blue Cross Blue Shield of Wisconsin	TrustSolutions, LLC
Blue Cross of California	UNICARE Health Plan of West Virginia, Inc.
Blue Cross of California Partnership Plan, Inc.	UNICARE Illinois Services, Inc.
CareMarket, Inc.	UNICARE Life & Health Insurance Company
CareMore Health Plan	UNICARE National Services, Inc.
CareMore Health Plan of Arizona, Inc.	UNICARE Specialty Services, Inc.
CareMore Health Plan of Nevada, Inc.	Value Health Reinsurance, Inc.
CareMore Health Plan of Texas, Inc.	ValueOptions Federal Services, Inc.
CareMore Health System	ValueOptions New Mexico, Inc.
Cerulean Companies, Inc.	ValueOptions of Kansas, Inc.
CHCS IPA, Inc.	ValueOptions of New Jersey, Inc.
Claim Management Services, Inc.	ValueOptions Texas, Inc.
Community Care Health Plan of Nebraska, Inc. fka WellCare of Nebraska, Inc.	Valus, Inc.
Community Care Health Plan of Nevada, Inc.	WellPoint California Services, Inc.
Community Insurance Company	WellPoint Dental Services, Inc.
Compcare Health Services Insurance Corporation	WellPoint Health Solutions, Inc.
Crossroads Acquisition Corp.	WellPoint Holding Corporation
DBG Holdings, Inc.	WellPoint Information Technology Services, Inc.
DeCare Analytics, LLC	WellPoint Insurance Services, Inc.
DeCare Dental Health International, LLC	WellPoint Military Care Corporation
DeCare Dental Networks, LLC	ZipDrug, Inc.
DeCare Dental, LLC	

G. Not applicable.

H. Repatriation Transition Tax (RTT)

Not applicable.

I. Alternative Minimum Tax (AMT) Credit

Not applicable.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. Nature of the Relationship

The Company is an Ohio domiciled stock insurance company and is a wholly-owned subsidiary of ATH Holding Company, LLC (“ATH Holding”), which is a wholly-owned subsidiary of Anthem, a publicly traded company.

B. Significant Transactions for Each Period

The following significant transactions took place between the Company and its affiliates:

On November 9, 2020, the Company exchanged investment grade securities with a market value of \$24,738,127 and cash of \$418,983 for high yield securities with a market value of \$25,157,111 with an affiliate, UNICARE Life and Health Insurance Company. The Company realized gains of \$1,375,543 on this transaction.

The Board of Directors of the Company declared an ordinary dividend in the amount of \$65,000,000 on September 15, 2020. The Company paid the dividend to its parent company, ATH Holding Company, LLC, on September 28, 2020.



## NOTES TO FINANCIAL STATEMENTS

The Board of Directors of the Company declared an ordinary dividend in the amount of \$100,000,000 on June 16, 2020. The Company paid the dividend to its parent company, ATH Holding Company, LLC, on June 29, 2020.

Effective January 1, 2020, the Company entered into a specific excess of loss reinsurance agreement with Anthem Insurance Companies, Inc. ("AICI"), an affiliated and an Indiana domiciled insurance company (NAIC #28207) related to Medicaid members participating in the Hoosier care Connect program. The Company indemnifies AICI for 80% of covered payments in excess of each member's deductible of \$200,000. The agreement is in effect until the agreement is amended or terminated by the parties.

The Board of Directors of the Company declared an ordinary dividend in the amount of \$116,600,000 on September 11, 2019. The Company paid the dividend to its parent company, ATH Holding, on September 26, 2019.

The Board of Directors of the Company declared an ordinary dividend in the amount of \$270,000,000 on June 12, 2019. The Company paid the dividend to its parent company, ATH Holding, on June 28, 2019.

Effective January 1, 2019, the Company amended its quota share reinsurance agreement to cede direct Federal Employee Program ("FEP") liabilities, net of applicable assets, and respective direct FEP written premiums less claims less a ceding commission to Anthem Insurance Companies, Inc., an affiliated company and an authorized reinsurer, increasing the quota share to 30%. The amendment was approved by the Department on March 1, 2019.

### **C. Transactions with Related Parties who are not Reported on Schedule Y**

The Company has no transactions with related parties who are not reported on Schedule Y.

### **D. Amounts Due to or from Related Parties**

At December 31, 2020 and 2019, the Company reported \$24,355,116 and \$57,702,167 due from affiliates, respectively. At December 31, 2020 and 2019, the Company reported no amounts due to affiliates. The receivable and payable balances represent intercompany transactions that will be settled in accordance with the settlement terms of the intercompany agreement.

### **E. Management and Service Contracts and Cost Sharing Arrangements**

The Company has entered into administrative services agreements with its affiliated companies. Pursuant to these agreements, various administrative, management and support services are provided to or provided by the Company. The costs and expenses related to these administrative management and support services are allocated to or allocated by the Company in an amount equal to the direct and indirect costs and expenses incurred in providing these services. Costs include expenses such as salaries, employee benefits, information technology, pharmacy benefits administration, communications, advertising, consulting services, rent, utilities, billing, accounting, underwriting, and product development, which support the Company's operations. These costs are allocated based on various utilization statistics.

Effective January 1, 2019, the Company became party to the Fair Market Value ("FMV") Services Attachment, where the costs and expenses related to certain care management and other services are allocated to or allocated by the Company in an amount equal to the fair market value of the services provided. These costs are allocated based on various utilization statistics.

## NOTES TO FINANCIAL STATEMENTS

In addition, the Company amended its agreements by adding the Beacon Management Services Agreement. The agreement is effective January 1, 2021.

During 2019, the Company amended its agreement by adding pharmacy benefits management services to the agreement.

The Company is party to a cash concentration agreement with its affiliated companies. Under this agreement, any of the Company's affiliates may be designated as a cash manager to handle the collection and/or payment of funds on behalf of the Company. Conversely, the Company may be designated as a cash manager to handle the collection and/or payment of funds on behalf of its affiliates. Cash services covered under this agreement include the collection of premiums and other revenue, the collection of benefit and administrative expense reimbursements, the payment of policy benefits, payroll expense, general and administrative expense, and accounts payable disbursements.

### **F. Guarantees or Contingencies for Related Parties**

The Company did not enter into guarantees or undertakings for the benefit of an affiliate which would result in a material contingent exposure of the Company's or any affiliated insurer's assets or liabilities.

### **G. Nature of Control Relationships that Could Affect Operations or Financial Position**

ATH Holding owns all outstanding shares of the Company. The Company's ultimate parent is Anthem.

### **H. Amount Deducted for Investment in Upstream Company**

The Company and its subsidiary do not own shares of upstream intermediate entities or Anthem.

### **I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets**

The Company does not have investments in affiliates greater than 10% of admitted assets.

### **J. Write-down for Impairments of Investments in Subsidiaries, Controlled or Affiliated ("SCA") Companies**

Not applicable.

### **K. Investment in a Foreign Insurance Subsidiary**

The Company does not have investments in foreign insurance subsidiaries.

### **L. Investment in Downstream Non-insurance Holding Companies**

The Company does not have investments in downstream non-insurance holding companies.

### **M. All SCA Investments**

The Company has no SCA Investments.

### **N. Investment in Insurance SCAs**

The Company does not have investments in Insurance SCAs.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

NOTES TO FINANCIAL STATEMENTS

O. SCA or SSAP 48 Entity Loss Tracking

The Company does not have losses on investments in Insurance SCAs and/or joint ventures, partnerships or LLCs.

11. Debt

A. Capital Notes and Other Debt

The Company had no capital notes or other debt outstanding at December 31, 2020 and 2019.

B. FHLB (Federal Home Loan Bank) Agreements

(1) The Company is a member of the Federal Home Loan Bank of Cincinnati (“FHLBC”). Through its membership, the Company has conducted business activity (borrowings) with the FHLBC. It is part of the Company’s strategy to utilize these funds as working capital. The Company has determined the actual maximum borrowing capacity as \$164,630,197. The Company calculated this amount in accordance with current FHLBC capital stock.

(2) FHLB Capital Stock

a. Aggregate Totals

1. Current year

	Total
(a) Membership stock - Class A	\$ —
(b) Membership stock - Class B	3,082,121
(c) Activity stock	—
(d) Excess stock	3,704,179
(e) Aggregate total (a+b+c+d)	\$ 6,786,300
(f) Actual or estimated borrowing capacity as determined by the insurer	\$ 164,630,197

2. Prior year-end

	Total
(a) Membership stock - Class A	\$ —
(b) Membership stock - Class B	2,899,685
(c) Activity stock	3,609,315
(d) Excess stock	—
(e) Aggregate total (a+b+c+d)	\$ 6,509,000
(f) Actual or estimated borrowing capacity as determined by the insurer	\$ 180,465,740

11B(2)a1(f) should be equal to or greater than 11B(4)a1(d)

11B(2)a2(f) should be equal to or greater than 11B(4)a2(d)

b. Membership Stock (Class A and B) Eligible and Not Eligible for Redemption

Membership Stock	1 Current Year Total (2+3+4+5+6)	2 Not Eligible for Redemption	Eligible for Redemption			
			3 Less Than 6 Months	4 6 Months to Less Than 1 Year	5 1 to Less Than 3 Years	6 3 to 5 Years

1. Class A	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
2. Class B	\$ 3,082,121	\$ 3,082,121	\$ —	\$ —	\$ —	\$ —

11B(2)b1 Current Year Total (Column 1) should equal 11B(2)a1(a) Total (Column 1)

11B(2)b2 Current Year Total (Column 1) should equal 11B(2)a1(b) Total (Column 1)

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

NOTES TO FINANCIAL STATEMENTS

(3) Collateral Pledged to FHLB

a. Amount pledged as of reporting date

	1	2	3
	Fair Value	Carrying Value	Aggregate Total Borrowing
1. Current Year Total Collateral Pledged	\$ 264,373,486	\$ 251,920,466	\$ —
2. Prior Year-end Total Collateral Pledged	\$ 163,133,662	\$ 158,748,163	\$ 150,000,000
11B(3)a1 (Columns 1, 2 and 3) should be equal to or less than 11B(3)b1 (Columns 1, 2 and 3 respectively)			
11B(3)a2 (Columns 1, 2 and 3) should be equal to or less than 11B(3)b2 (Columns 1, 2 and 3 respectively)			

b. Maximum amount pledged during reporting period

	1	2	3
	Fair Value	Carrying Value	Amount Borrowed at Time of Maximum Collateral
1. Current Year Total Maximum Collateral Pledged	\$ 266,929,179	\$ 252,564,592	\$ 150,000,000
2. Prior Year-end Total Maximum Collateral Pledged	\$ 170,750,741	\$ 170,466,094	\$ 150,000,000

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

NOTES TO FINANCIAL STATEMENTS

(4) Borrowing from FHLB

a. Amount as of the reporting date

	Total	Funding Agreements Reserves Established
1. Current year		
(a) Debt	\$ —	XXX
(b) Funding agreements	—	—
(c) Other	—	XXX
(d) Aggregate total (a+b+c)	\$ —	\$ —
2. Prior year-end		
(a) Debt	\$ 150,000,000	XXX
(b) Funding agreements	—	—
(c) Other	—	XXX
(d) Aggregate total (a+b+c)	\$ 150,000,000	\$ —

b. Maximum amount during reporting period (current year)

	Total
1. Debt	\$ 150,000,000
2. Funding agreements	—
3. Other	—
4. Aggregate total (Lines 1+2+3)	\$ 150,000,000

c. FHLB - Prepayment obligations

	Does the Company have prepayment obligations under the following arrangements (YES/NO)?
1. Debt	No
2. Funding agreements	No
3. Other	No

C. All Other Debt

The Company had no other debt outstanding at December 31, 2020 and 2019.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan

Not applicable - See Note 12G.

B. Not applicable - See Note 12G.

C. Not applicable - See Note 12G.

D. Not applicable - See Note 12G.

E. Defined Contribution Plans

Not applicable - See Note 12G.

F. Multiemployer Plans

The Company does not participate in a multiemployer plan.

NOTES TO FINANCIAL STATEMENTS

G. Consolidated/Holding Company Plans

The Company participates in frozen non-contributory defined benefit pension plans sponsored by ATH Holding, covering most employees of Anthem and its subsidiaries. ATH Holding allocates a share of the total accumulated costs of the plans to the Company based on the number of allocated employees. The Company has no legal obligation for benefits under these plans.

The Company participates in a postretirement medical benefit plan, sponsored by ATH Holding, providing certain health, life, vision and dental benefits to eligible retirees. ATH Holding allocates a share of the total accumulated costs of this plan to the Company based on the number of allocated employees. The Company has no legal obligation for benefits under this plan.

The Company participates in a nonqualified deferred compensation plan sponsored by Anthem which covers certain employees once the participant reaches the maximum contribution amount for the Anthem 401(k) Plan (the “401(k) Plan”). The deferred amounts are payable according to the terms and subject to the conditions of the deferred compensation plan. Anthem allocates a share of the total accumulated costs of this plan to the Company based on the number of allocated employees subject to the deferred compensation plan. The Company has no legal obligation for benefits under this plan.

The Company participates in the 401(k) Plan, sponsored by ATH Holding and covering substantially all employees. Voluntary employee contributions are matched by ATH Holding subject to certain limitations. ATH Holding allocates a share of the total accumulated costs of this plan to the Company based on the number of allocated employees. The Company has no legal obligation for benefits under this plan.

The Company participates in a stock incentive compensation plan, sponsored by Anthem, providing incentive awards to non-employee directors and employees, consisting of Anthem stock options, restricted stock, restricted stock units, stock appreciation rights, performance shares, and performance units. Anthem allocates a share of the total share-based compensation expense of this plan to the Company based on the number of allocated employees. The Company has no legal obligation for benefits under this plan.

During 2020 and 2019, the Company was allocated the following costs or (credits) for these retirement benefits:

	2020	2019
Defined benefit pension plan	\$ (2,425,832)	\$ (2,875,877)
Postretirement medical benefit plan	(856,432)	(363,410)
Deferred compensation plan	156,505	264,706
Defined contribution plan	10,911,896	10,619,658
Stock incentive compensation plan	12,578.437	12,553,386

H. Post Employment Benefits and Compensated Absences

Not applicable.

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

Not applicable.

## NOTES TO FINANCIAL STATEMENTS

### 13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

#### A. Outstanding Shares

As of December 31, 2020, the Company has 750 shares of \$10,000 par value common stock authorized. The number of shares issued and outstanding is 114.23.

#### B. Preferred Stock

The Company has no preferred stock outstanding.

#### C. Dividend Restrictions

The maximum amount of dividends which can be paid by State of Ohio insurance companies to shareholders without prior approval of the Insurance Commissioner is subject to restrictions relating to statutory surplus and net income. Within any 12 month period, cumulative dividends may not exceed the greater of 10% of statutory surplus at the prior December 31, or net income for the 12 month period ending at the prior December 31. Also, any dividend paid from other than earned surplus shall be considered an extraordinary dividend.

#### D. Dividends Paid

See Footnote 10B.

#### E. Maximum Ordinary Dividend During 2021

Within the limitations of (C) above, the Company may pay \$175,040,427 in ordinary dividends during 2021 without restrictions, other than state notification requirements.

#### F. Unassigned Surplus Restrictions

Unassigned surplus funds are not restricted at December 31, 2020.

#### G. Mutual Surplus Advances

Not applicable.

#### H. Company Stock Held for Special Purpose

There are no shares of stock held for special purposes at December 31, 2020.

#### I. Changes in Special Surplus Funds

The change in balances of special surplus funds from the prior year are due to changes in the amounts segregated for the estimated Affordable Care Act ("ACA") health insurer fee to be paid in the subsequent year. The annual fee under section 9010 of the ACA has been permanently suspended beginning in 2021.

#### J. Changes in Unassigned Funds

The portion of unassigned funds represented by cumulative unrealized investment gains and losses was \$51,817,018 at December 31, 2020.

#### K. Surplus Notes

The Company has not issued any surplus notes or debentures or similar obligations.



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NOTES TO FINANCIAL STATEMENTS

L. Restatement due to Prior Quasi-reorganizations

The Company had no restatements due to prior quasi-reorganizations.

M. Quasi-reorganizations over Prior 10 Years

The Company has not been involved in a quasi-reorganization during the past 10 years.

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

- (1) The Company has a commitment to contribute an additional \$11,944,219, in subsequent years, related to the Company’s investments in joint ventures, limited partnerships and limited liability companies.
- (2) Not applicable.
- (3) Not applicable.

B. Assessments

- (1) The Company is subject to guaranty fund and other assessments by the state(s) in which it writes business. Guaranty fund assessments are accrued at the time of insolvencies. Other assessments are accrued either at the time of the assessment or at the time the losses are incurred.
- (2) Guaranty Fund Assets Recognized Reconciliation
- |    |  |                      |
|----|--|----------------------|
| a. | Guaranty fund assets recognized from paid and accrued premium tax offsets and policy surcharges prior year-end   | \$ 15,130,999        |
| b. | Decreases current year:  |                      |
|    | Policy surcharges collected  | —                    |
|    | Policy surcharges charged off  | —                    |
|    | Premium tax offset applied   | 4,485,124            |
|    | Recovery adjustment  | —                    |
| c. | Increases current year:  |                      |
|    | Policy surcharges recognized   | —                    |
|    | Premium tax offset recognized  | —                    |
| d. | Guaranty fund assets recognized from paid and accrued premium tax offsets and policy surcharges current year-end | <u>\$ 10,645,875</u> |

- (3) Guaranty Fund Liabilities and Assets Related to Insolvencies of Entities That Wrote Long-Term Care Contracts
- a. Discount Rate Applied 3.5%
- b. The Undiscounted and Discounted Amount of the Guaranty Fund Assessments and Related Assets by Insolvency:

Name of the Insolvency	Guaranty Fund Assessment		Related Assets	
	Undiscounted	Discounted	Undiscounted	Discounted
Penn Treaty Network America Insurance Company and its subsidiary, American Network Insurance Company (collectively “Penn Treaty”)	\$ 14,193,960	\$ 9,859,565	\$ 9,135,502	\$ 6,659,249



NOTES TO FINANCIAL STATEMENTS

- c. Number of Jurisdictions, Ranges of Years Used to Discount and Weighted Average Number of Years of the Discounting Time Period for Payables and Recoverables by Insolvency:

Name of the Insolvency	Payables			Recoverables		
	Number of Jurisdictions	Range of Years	Weighted Average Number of Years	Number of Jurisdictions	Range of Years	Weighted Average Number of Years
Penn Treaty	1	1 - 17	9	1	1 - 23	8.2

C. Gain Contingencies

The Company has no gain contingencies at December 31, 2020 or 2019.

D. Claims-Related Extra Contractual Obligation and the Bad Faith Losses Stemming From Lawsuits

Not applicable.

E. Joint and Several Liabilities

Not applicable.

F. All Other Contingencies

*Litigation and regulatory proceedings*

Blue Cross Blue Shield Antitrust Litigation

Anthem Inc. (“Anthem”) is a defendant in multiple lawsuits that were initially filed in 2012 against the BCBSA and Blue Cross and/or Blue Shield licensees (“Blue Plans”) across the country. Cases filed in twenty-eight states were consolidated into a single, multi-district proceeding captioned *In re Blue Cross Blue Shield Antitrust Litigation* that is pending in the United States District Court for the Northern District of Alabama (the “Court”). Generally, the suits allege that the BCBSA and the Blue plans have conspired to horizontally allocate geographic markets through license agreements, best efforts rules that limit the percentage of non-Blue revenue of each plan, restrictions on acquisitions, rules governing the BlueCard<sup>®</sup> and National Accounts program and other arrangements in violation of the Sherman Antitrust Act (“Sherman Act”), and related state laws. The cases were brought by two putative nationwide classes of plaintiffs, health plan subscribers and providers.

In response to cross motions for partial summary judgement by plaintiffs and defendants, the Court issued an order in April 2018 determining that the defendants’ aggregation of geographic market allocations and output restrictions are to be analyzed under a per se standard of review, and the BlueCard<sup>®</sup> program and other alleged Section 1 Sherman Act violations are to be analyzed under the rule of reason standard of review. The Court also found that there remain genuine issues of material fact as to whether defendants operate as a single entity with regard to the enforcement of the Blue Cross Blue Shield trademarks. In April 2019, plaintiffs filed their motions for class certification in conjunction with their supporting expert reports, and the defendants filed their motions to exclude plaintiffs’ experts, as their opposition to plaintiffs’ motions for class certification, in July 2019.

The BCBSA and Blue plans have approved a settlement agreement and release (the “Subscriber Settlement Agreement”), with the subscriber plaintiffs. If approved by the Court, the Subscriber Settlement Agreement will require defendants to make a monetary settlement payment, Anthem’s portion of which is estimated to be \$594,000,000 and will contain certain non-monetary terms including (i) eliminating the “national best efforts”

## NOTES TO FINANCIAL STATEMENTS

rule in the BSBSA license agreements (which rule limits the percentage of non-Blue revenue permitted for each Blue plan) and (ii) allowing for some large national employers with self-funded benefit plans to be able to request a bid for insurance coverage from a second Blue plan in addition to the local Blue plan. On November 30, 2020, the Court issued an order preliminarily approving the Subscriber Settlement Agreement. All terms of the Subscriber Settlement Agreement are subject to final approval by the Court before they become effective. A final approval hearing has been scheduled for October 20, 2021. Anthem's estimated payment obligation, net of third party insurance coverage, is \$548,000,000. The Company recorded its estimated portion of the Subscriber Settlement Agreement, net of third party insurance coverage, in 2020.

In October 2020, after the Court lifted the stay as to the provider litigation, provider plaintiffs filed a renewed motion for class certification, and defendants filed an opposition to that motion. Anthem intends to continue to vigorously defend the provider suit; however, its ultimate outcome cannot be presently determined.

Express Scripts, Inc. Pharmacy Benefit Management Litigation

In March 2016, Anthem filed a lawsuit against Express Scripts, Inc. ("Express Scripts"), their vendor at the time for PBM services, captioned *Anthem, Inc. v. Express Scripts, Inc.*, in the U.S. District Court for the Southern District of New York. The lawsuit seeks to recover over \$14,800,000,000 in damages for pharmacy pricing that is higher than competitive benchmark pricing under the agreement between the parties (the "ESI PBM Agreement"), over \$158,000,000 in damages related to operational breaches, as well as various declarations under the ESI PBM Agreement, including that Express Scripts: (i) breached its obligation to negotiate in good faith and to agree in writing to new pricing terms; (ii) was required to provide competitive benchmark pricing to Anthem through the term of the ESI PBM Agreement; (iii) has breached the ESI PBM Agreement; and (iv) is required under the ESI PBM Agreement to provide post-termination services, at competitive benchmark pricing, for one year following any termination.

Express Scripts has disputed Anthem's contractual claims and is seeking declaratory judgments: (i) regarding the timing of the periodic pricing review under the ESI PBM Agreement, and (ii) that it has no obligation to ensure that Anthem receives any specific level of pricing, that Anthem has no contractual right to any change in pricing under the ESI PBM Agreement and that its sole obligation is to negotiate proposed pricing terms in good faith. In the alternative, Express Scripts claims that Anthem has been unjustly enriched by its payment of \$4,675,000,000 at the time they entered into the ESI PBM Agreement. In March 2017, the court granted Anthem's motion to dismiss Express Scripts' counterclaims for (i) breach of the implied covenant of good faith and fair dealing, and (ii) unjust enrichment with prejudice. The only remaining claims are for breach of contract and declaratory relief. Rebuttal expert reports were submitted in October, discovery must be completed in April 2021, and motions for summary judgment must be filed in May 2021. Anthem intends to vigorously pursue their claims and defend against any counterclaims, which they believe are without merit; however, the ultimate outcome cannot be presently determined.

In re Express Scripts/Anthem ERISA Litigation

Anthem is a defendant in a class action lawsuit that was initially filed in June 2016 against Anthem, Inc. and Express Scripts, which has been consolidated into a single multi-district lawsuit captioned *In Re Express Scripts/Anthem ERISA Litigation*, in the U.S. District Court for the Southern District of New York. The consolidated complaint was filed by plaintiffs against Express Scripts and Anthem on behalf of all persons who are participants in or beneficiaries of any ERISA or non-ERISA healthcare plan from December 1, 2009 to December 31, 2019 in which Anthem provided prescription drug benefits through the ESI PBM Agreement and paid a percentage based co-insurance payment in the course of using that prescription drug benefit. The plaintiffs allege that Anthem breached their duties, either under ERISA or with respect to the implied covenant of good faith and fair dealing implied in the health plans, (i) by failing to

## NOTES TO FINANCIAL STATEMENTS

adequately monitor Express Scripts' pricing under the ESI PBM Agreement, (ii) by placing their own pecuniary interest above the best interests of their insureds by allegedly agreeing to higher pricing in the ESI PBM Agreement in exchange for the purchase price for their NextRx PBM business, and (iii) with respect to the non-ERISA members, by negotiating and entering into the ESI PBM Agreement that was allegedly detrimental to the interests of such non-ERISA members. Plaintiffs seek to hold Anthem and Express Scripts jointly and severally liable and to recover all losses suffered by the proposed class, equitable relief, disgorgement of alleged ill-gotten gains, injunctive relief, attorney's fees and costs and interest.

In April 2017, Anthem filed a motion to dismiss the claims brought against them, and it was granted, without prejudice, in January 2018. Plaintiffs filed a notice of appeal with the United States Court of Appeals for the Second Circuit, which was heard in October 2018 but has not yet been decided. In December 2020, the Court affirmed the trial court's decision dismissing the ERISA complaint. Plaintiffs have filed a Petition for Rehearing and Rehearing En Banc. Anthem intends to vigorously defend this suit; however, its ultimate outcome cannot be presently determined.

#### Cigna Corporation Merger Litigation

In July 2015, Anthem and Cigna Corporation, or Cigna, announced that they entered into the Cigna Agreement and Plan of Merger, or Cigna Merger Agreement, pursuant to which Anthem would acquire all outstanding shares of Cigna. In July 2016, the U.S. Department of Justice or DOJ, along with certain state attorneys general, filed a civil antitrust lawsuit in the U.S. District Court for the District of Columbia, or District Court, seeking to block the merger. In February 2017, Cigna purported to terminate the Cigna Merger Agreement and commenced litigation against Anthem in the Delaware Court of Chancery, or Delaware Court, seeking damages, including \$1,850,000,000 termination fee pursuant to the terms of the Cigna Merger Agreement, and a declaratory judgement that its purported termination of the Cigna Merger Agreement was lawful, among other claims, which is captioned *Cigna Corp. v. Anthem Inc.*

Also in February 2017, Anthem initiated their own litigation against Cigna in the Delaware Court seeking a temporary restraining order to enjoin Cigna from terminating the Cigna Merger Agreement, specific performance compelling Cigna to comply with the Cigna Merger Agreement and damages, which is captioned *Anthem Inc. v. Cigna Corp.* In April 2017, the U.S. Circuit Court of Appeals for the District of Columbia affirmed the ruling of the District Court, which blocked the merger. In May 2017, after the Delaware Court denied Anthem's motion to enjoin Cigna from terminating the Cigna Merger Agreement, Anthem delivered to Cigna a notice terminating the Cigna Merger Agreement.

In the Delaware court litigation, trial commenced in late February 2019 and concluded in March 2019. The Delaware Court held closing arguments in November 2019 and took the matter under consideration. In February 2020, the Delaware Court requested supplemental briefing, which has been submitted. On August 31, 2020, the Delaware Court issued an opinion finding that neither party was owed damages and that Anthem did not owe Cigna the \$1,850,000,000 termination fee. The Delaware Court issued an order implementing its opinion in October 2020. Cigna filed its notice of appeal in November 2020 challenging the trial court's opinion that Anthem did not owe Cigna a termination fee. Cigna filed its appellate brief in December 2020. Anthem's response was filed in January. Anthem believes Cigna's allegations are without merit and they intend to vigorously defend against Cigna's allegations; however, the ultimate outcome of any appeal of this litigation with Cigna cannot be presently determined.

In October 2018, a shareholder filed a derivative lawsuit in the State of Indiana Marion County Superior Court, captioned *Henry Bittmann, Derivatively, et al. v. Joseph R. Swedish, et al.*, purportedly on behalf of Anthem and their shareholders against certain current and former directors and officers alleging breaches of fiduciary duties, unjust

## NOTES TO FINANCIAL STATEMENTS

enrichment and corporate waste associated with the Cigna Merger Agreement. This case has been stayed at the request of the parties pending the outcome of Anthem's litigation with Cigna in the Delaware Court. This lawsuit's ultimate outcome cannot be presently determined.

### Medicare Risk Adjustment Litigation

In March 2020, the DOJ filed a civil lawsuit against Anthem, Inc. in the U.S. District Court for the Southern District of New York in a case captioned *United States v. Anthem, Inc.* The DOJ's suit alleges, among other things, that Anthem falsely certified the accuracy of the diagnosis data they submitted to the Centers for Medicare and Medicaid Services, or CMS, for risk-adjustment purposes under Medicare Part C and knowingly failed to delete inaccurate diagnosis codes. The DOJ further alleges that, as a result of these purported acts, Anthem caused CMS to calculate the risk-adjustment payments based on inaccurate diagnosis information, which enabled Anthem to obtain unspecified amounts of payments in Medicare funds in violation of the False Claims Act. The DOJ filed an amended complaint in July 2020, alleging the same causes of action but revising some of its allegations. In September 2020, Anthem filed a motion to transfer the lawsuit to the Southern District of Ohio, a motion to dismiss part of the lawsuit, and a motion to strike certain allegations in the amended complaint. The motions are fully briefed and no decision has been rendered. Anthem intends to continue to vigorously defend this suit; however, the ultimate outcome cannot be presently determined.

### Cyber Attack Regulatory Proceedings and Litigation

In February 2015, Anthem reported that they were the target of a sophisticated external cyber attack during which the attackers gained unauthorized access to certain of their information technology systems and obtained personal information related to many individuals and employees. To date, there is no evidence that credit card or medical information was accessed or obtained. Upon discovery of the cyber attack, Anthem took immediate action to remediate the security vulnerability and have continued to implement security enhancements since this incident.

Federal and state agencies have investigated events related to the cyber attack, including how it occurred, its consequences and Anthem's responses. In September 2020, Anthem entered into a settlement to resolve the investigation by a multi-state group of attorneys general, which was the final outstanding matter related to the 2015 cyber attack. Anthem has undertaken commitments that align with their ongoing and consistent focus to protect information in addition to the monetary payment of \$39,000,000, which was fully accrued in a prior period.

Anthem has contingency plans and insurance coverage for certain expenses and potential liabilities of this nature and will pursue coverage for all applicable losses; however, the ultimate outcome of Anthem's pursuit of insurance coverage cannot be presently determined.

### ***Other Contingencies***

From time to time, the Company is party to various legal proceedings, many of which involve claims for coverage encountered in the ordinary course of business. The Company, like HMOs and health insurers generally, exclude certain healthcare and other services from coverage under their HMO, PPO and other plans. The Company is, in the ordinary course of business, subject to the claims of their enrollees arising out of decisions to restrict or deny reimbursement for uncovered services. The loss of even one such claim, if it results in a significant punitive damage award, could have a material adverse effect on them. In addition, the risk of potential liability under punitive damage theories may increase significantly the difficulty of obtaining reasonable reimbursement of coverage claims.



NOTES TO FINANCIAL STATEMENTS

In addition to the lawsuits described above, the Company is also involved in other pending and threatened litigation of the character incidental to their business, and is from time to time involved as a party in various governmental investigations, audits, reviews and administrative proceedings. These investigations, audits, reviews and administrative proceedings include routine and special inquiries by state insurance departments, state attorneys general, the U.S. Attorney General and subcommittees of the U.S. Congress. Such investigations, audits, reviews and administrative proceedings could result in the imposition of civil or criminal fines, penalties, other sanctions and additional rules, regulations or other restrictions on the Company’s business operations. Any liability that may result from any one of these actions, or in the aggregate, could have a material adverse effect on the Company’s financial position or results of operations.

The Company has no other known material contingencies.

*Provisions for uncollectible amounts*

At December 31, 2020 and 2019, the Company reported admitted assets of \$431,839,133 and \$458,870,039, respectively, in premium receivables and receivables due from uninsured plans. Based upon the Company’s experience, any uncollectible receivables are not expected to exceed \$20,385,726 that was nonadmitted at December 31, 2020; therefore, no additional provision for uncollectible amounts has been recorded. The potential for any additional loss is not believed to be material to the Company’s financial condition.

15. Leases

A. Lessee Operating Lease

- (1) The Company leases office space, office equipment, EDP equipment, and software under various noncancelable operating leases. Related lease expense for 2020 and 2019 was \$3,655,296 and \$4,932,989, respectively.

During the third quarter of 2020, the Company reevaluated its future office space needs and determined that it would permanently cease use of space under certain operating leases. At December 31, 2020, the Company has recorded a liability for lease exit costs of \$12,043,819.

- (2) At December 31, 2020, the minimum aggregate rental commitments are as follows:

	Year Ending December 31	Operating Leases
1	2021	\$ 6,467,863
2	2022	6,500,058
3	2023	6,534,235
4	2024	6,562,060
5	2025	6,458,372
6	Total	<u>\$ 32,522,588</u>

- (3)
  - a. During 2014, the Company entered into a sale-leaseback transaction with an unaffiliated entity to lease the Mason, Ohio building for 12 years.
  - b. Not applicable.

B. Lessor Leases

- (1) The Company has not entered into any operating leases.
- (2) The Company has not entered into any leveraged leases.

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NOTES TO FINANCIAL STATEMENTS

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

The Company has no significant financial instruments with off-balance sheet risk.

Financial instruments that potentially subject the Company to concentrations of credit risk consist primarily of investment securities. All investment securities are managed by professional investment managers within policies authorized by the board of directors. Such policies limit the amounts that may be invested in any one issuer and prescribe certain investee company criteria. As of December 31, 2020, there were no significant concentrations.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales

Not applicable at December 31, 2020 and 2019.

B. Transfer and Servicing of Financial Assets

(1) The Company participates in a securities lending program whereby marketable securities in its investment portfolio are transferred to independent brokers or dealers. At December 31, 2020 the fair value of securities loaned was \$15,077,153, and the carrying value of securities loaned was \$14,359,424.

(2) - (7) Not applicable.

C. Wash Sales

(1) In the course of the Company’s asset management, securities may be sold and reacquired within 30 days of the sale date to enhance the yield on the investments.

(2) At December 31, 2020 and 2019, there were no wash sales involving securities with an NAIC designation of 3 or below or unrated.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. Administrative Services Only ("ASO") Plans

The gain or (loss) from operations from ASO uninsured plans and the uninsured portion of partially insured plans during 2020 was:

	ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a. Net reimbursement for administrative expenses (including administrative fees) in excess of (less than) actual expenses	\$ 2,472,710	\$ —	\$ 2,472,710
b. Total net other income or expenses (including interest paid to or received from plans)	—	—	—
c. Net gain or (loss) from operations	\$ 2,472,710	\$ —	\$ 2,472,710
d. Total claim payment volume	\$ 1,070,325,327	\$ —	\$ 1,070,325,327

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

NOTES TO FINANCIAL STATEMENTS

B. Administrative Services Contract ("ASC") Plans

The gain or (loss) from operations from ASC uninsured plans and the uninsured portion of partially insured plans during 2020 was:

	ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASC
a. Gross reimbursement for medical cost incurred	\$ 6,149,043,470	\$ —	\$ 6,149,043,470
b. Gross administrative fees accrued	422,597,832	—	422,597,832
c. Other income or expenses (including interest paid to or received from plans)	—	—	—
d. Gross expenses incurred (claims and administrative)	6,557,441,514	—	6,557,441,514
e. Total gain or (loss) from operations	<u>\$ 14,199,788</u>	<u>\$ —</u>	<u>\$ 14,199,788</u>

C. Medicare or Other Similarly Structured Cost-Based Reimbursement Contract

(1) The Company does not record revenue explicitly attributable to the cost share and reinsurance components of administered Medicare products.

(2)

Receivable from	Related to	2020	2019
Centers for Medicare and Medicaid Services	Cost share and reinsurance components of administered Medicare products	\$ 46,293,747	\$ 14,443,703
Uninsured plans	Uninsured business, not including pharmaceutical rebate receivables	\$ 172,182,705	\$ 198,420,724

(3) As no revenue is recorded in connection with the cost share and reinsurance components of the Company’s Medicare and ACA products, the Company has recorded no allowances and reserves for the adjustment of recorded revenues and receivables.

(4) The Company has made no adjustment to revenue resulting from the audit of cost-reimbursement receivables related to revenues recorded in the prior period.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No premiums were written by managing general agents or third party administrators during the years ended December 31, 2020 and 2019.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

NOTES TO FINANCIAL STATEMENTS

20. Fair Value Measurements

A.

(1) Fair Value Measurements at Reporting Date:

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Bonds					
All other governments	\$ —	\$ 8,600,637	\$ —	\$ —	\$ 8,600,637
Industrial and misc	—	78,197,864	1,687,594	—	79,885,458
Hybrid securities	—	2,361,685	—	—	2,361,685
Total bonds	\$ —	\$ 89,160,186	\$ 1,687,594	\$ —	\$ 90,847,780
Common stock					
Industrial and misc	\$ —	\$ —	\$ 7,094,130	\$ —	\$ 7,094,130
Total common stocks	\$ —	\$ —	\$ 7,094,130	\$ —	\$ 7,094,130
Short-term investments					
Industrial and misc	\$ —	\$ 1,426	\$ —	\$ —	\$ 1,426
Total short-term investments	\$ —	\$ 1,426	\$ —	\$ —	\$ 1,426
Cash equivalents					
Industrial and misc	\$ —	\$ 299	\$ —	\$ —	\$ 299
Total cash equivalents	\$ —	\$ 299	\$ —	\$ —	\$ 299
Total assets at fair value/NAV	\$ —	\$ 89,161,911	\$ 8,781,724	\$ —	\$ 97,943,635

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

Description	Beginning Balance at 01/01/2020	Transfers into Level 3	Transfers out of Level 3	Total gains and (losses) included in Net Income	Total gains and (losses) included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2020
a. Assets										
Perpetual preferred stock										
Industrial and misc	\$ —	—	—	—	(13,004)	13,004	—	—	—	\$ —
Common Stock										
Industrial and misc	\$ 6,706,020	—	—	—	110,810	1,523,600	—	(1,246,300)	—	\$ 7,094,130
Bonds										
Industrial and misc	\$ 1,634,443	1,169,178	—	(43,603)	(98,067)	—	—	(510,550)	(463,807)	\$ 1,687,594
Total assets	\$ 8,340,463	1,169,178	—	(43,603)	(261)	1,536,604	—	(1,756,850)	(463,807)	\$ 8,781,724

- (3) The Company’s policy is to recognize transfers between Levels, if any, as of the beginning of the reporting period.
- (4) Fair values of bonds are based on quoted market prices, where available. These fair values are obtained primarily from third party pricing services, which generally use Level 1 or Level 2 inputs, for the determination of fair value to facilitate fair value measurements and disclosures. Level 2 securities primarily include United States government securities, corporate securities, securities from states, municipalities and political subdivisions, mortgage-backed securities and certain other asset-backed securities. For securities not actively traded, the pricing services may use quoted market prices of comparable instruments or discounted cash flow analyses,



NOTES TO FINANCIAL STATEMENTS

incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, broker quotes, benchmark yields, credit spreads, default rates and prepayment speeds. The Company has controls in place to review the pricing services' qualifications and procedures used to determine fair values. In addition, the Company periodically reviews the pricing services' pricing methodologies, data sources and pricing inputs to ensure the fair values obtained are reasonable.

Certain bonds, primarily corporate debt securities, are designated Level 3. For these securities, the valuation methodologies may incorporate broker quotes or discounted cash flow analyses using assumptions for inputs such as expected cash flows, benchmark yields, credit spreads, default rates and prepayment speeds that are not observable in the markets.

Fair values of common and preferred stock are generally designated as Level 1 and are based on quoted market prices. For certain common and preferred stock, quoted market prices for the identical security are not always available and the fair value is estimated by reference to similar securities for which quoted prices are available. These securities are designated as Level 2. Certain equity securities, including private equity securities, for which the fair value is estimated based on each security's current condition and future cash flow projections. Such securities are designated as Level 3. The fair values of these private equity securities are generally based on either broker quotes, or discounted cash flow projections using assumptions for inputs such as the weighted-average cost of capital, long-term revenue growth rates and earnings before interest, taxes, depreciation and amortization, and/or revenue multiples that are not observable in the markets.

Cash equivalents primarily consist of highly rated money market funds or bonds with original maturities of three months or less. Due to the high ratings and short-term nature, these investments are designated as Level 1. The Company also holds bonds purchased with less than three months to maturity. Fair value of these bonds are based on quoted market prices obtained from third party pricing services which generally use Level 1 or Level 2 inputs.

There have been no significant changes in the valuation techniques during the current period.

B. Fair Value Measurements Under Other Accounting Pronouncements

Not applicable at December 31, 2020 and 2019.

C. Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 1,402,686,498	\$ 1,336,142,965	\$ —	\$ 1,400,150,161	\$ 2,536,337	\$ —	\$ —
Common stock	7,094,130	7,094,130	—	—	7,094,130	—	—
Cash equivalents	7,200,179	7,200,023	—	7,200,179	—	—	—
Short-term investments	943,574	940,471	—	943,574	—	—	—
Securities lending collateral asset	15,420,656	15,420,570	—	15,420,656	—	—	—

D. Not Practicable to Estimate Fair Value

There are no financial instruments that were not practicable to estimate fair value.

## NOTES TO FINANCIAL STATEMENTS

### **E. Investments Measured at Net Asset Value**

The Company has no investments measured at net asset value.

## **21. Other Items**

### **A. Unusual or Infrequent Items**

The spread of the COVID-19 virus caused significant financial market volatility, economic uncertainty, and interruptions to normal business activities. The ultimate impact to the Company is unknown, but management expects continued interruptions to day-to-day business activities, impacts to claim and premium activity, investment values, as well as possible impacts to liquidity.

In response to COVID-19, the Company has taken several actions including premium credits, extension of cost share waivers for COVID-19 treatment and telehealth services, and additional community support. COVID-19 related delays to routine care and elective procedures, combined with shelter-in-place orders earlier this year, resulted in lower volumes of healthcare claims for the Company. As a result, the Company provided premium credits to members enrolled in select individual and fully insured employer health plans. In addition, individuals in stand-alone and group dental plans also received a credit. As of December 31, 2020, premium credits of \$23,601,908 were received by these policyholders and are netted against total revenues on the Statement of Revenue and Expenses.

### **B. Troubled Debt Restructuring: Debtors**

Not applicable at December 31, 2020 and 2019.

### **C. Other Disclosures**

Assets in the amount of \$443,413 and \$452,251 at December 31, 2020 and 2019, respectively, were on deposit with government authorities or trustees as required by law.

The Company participates in the Federal Employee Health Benefits Program (“FEHBP”) with other Blue Cross Blue Shield Plans. This program includes a fully-insured experience-rated contract, commonly known as the FEP, between the OPM and BCBSA, which acts as an agent for the participating Blue Cross Blue Shield plans. In addition, each participating plan, including the Company, executes a contract with BCBSA which obligates each participating plan to underwrite FEP benefits in its service area.

FEP premium is earned when chargeable benefit costs, allowable expenses or retentions are incurred. Deferred premiums are recorded to offset the FEP liabilities for incurred claims but not reported and claims adjustment expenses that are due from the OPM, when the claims are ultimately paid. Premium rates are developed by BCBSA and negotiated with OPM annually. These rates determine the funds that will be available to the participating Blue Cross Blue Shield plans to provide insurance to Federal employees that enroll with the Blue Cross Blue Shield FEP. The excess of gross premiums for the life of the program over the charges for the life of the program on an accrual basis is accounted for as a rate stabilization reserve (commonly referred to as the special reserve), as required by the contract between OPM and BCBSA. Each year, OPM also allocates a portion of the premiums to a contingency reserve, which may be utilized by the participating plans in the event that annual premiums paid to the insurance carrier are insufficient or the rate stabilization reserve falls below certain levels prescribed by OPM. Premiums paid to the carrier and available to each participating Blue Cross Blue Shield plan, including the special reserve and the contingency reserve, are held at the U.S. Treasury, including amounts unused from prior periods. Any premiums that remain in the rate stabilization reserve upon termination of the BCBSA contract after the claims run-out and reimbursement of allowable administrative expenses would be returned to OPM.

## NOTES TO FINANCIAL STATEMENTS

for the benefit of the FEHBP. The FEP contract renews automatically each year unless written notice of termination is given by either party.

In accordance with the FEP contract, premium funds that exceed daily operating needs are held on behalf of the Company in letter of credit accounts at the U.S. Treasury to provide funding for claims, administrative expenses, and other charges to the contract. The Company, along with other Blue Cross Blue Shield plans who participate in the FEHBP contract, have an unrestricted right to draw funds being held in the U.S. Treasury, other than those allocated to the contingency reserve, for any valid claim or expense. If the balance of the special reserve is exhausted or falls below certain prescribed levels, OPM will transfer funds from the contingency reserve to the special reserve to the extent that funds are available in the contingency reserve. Amounts incurred in excess of the total reserves held at the U.S. Treasury for the FEP would not be reimbursed to the Company.

The Company has recorded its allocable share of the special reserve funds held in the U.S. Treasury as an asset, with an equivalent amount recorded as a rate stabilization reserve. These amounts are \$17,577,656 and \$11,380,780 as of December 31, 2020 and 2019, respectively, and are included in aggregate write-ins for other than invested assets and in health policy reserves in the accompanying balance sheets.

FEP represented approximately 39.9% and 52.2% of premiums receivable as of December 31, 2020 and 2019, respectively. FEP represented approximately 13.5% and 14.6% of net premiums written for the years ended December 31, 2020 and 2019, respectively.

### **D. Business Interruption Insurance Recoveries**

The Company has reported no recoveries for business interruption for the years ended December 31, 2020 and 2019.

### **E. State Transferable and Non-Transferable Tax Credits**

The Company did not have state transferable or non-transferable tax credits at December 31, 2020 and 2019.

### **F. Subprime Mortgage-Related Risk Exposure**

(1) The Company's investment strategy of providing safety and preservation of capital, sufficient liquidity to meet cash flow requirements and the attainment of a competitive after-tax investment return is supported by a well diversified portfolio consisting of many different types of investments. The portion of the Company's investment portfolio with subprime mortgage-related risk exposure is relatively small in comparison to the overall investment portfolio, and consists mainly of investment grade securities with no exposure to collateralized debt obligations. All mortgage related investments are monitored closely as part of the quarterly investment review performed by the Anthem Investment Impairment Review Committee.

(2) The Company did not carry investments in subprime mortgage loans in its portfolio at December 31, 2020 or 2019.

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NOTES TO FINANCIAL STATEMENTS

(3) At December 31, 2020, the Company’s subprime mortgage-related risk exposure is detailed below:

	Actual Cost	Book/ Adjusted Carrying Value (excluding interest)	Fair Value	Other-Than-Temporary Impairment Losses Recognized
a. Residential mortgage-backed securities	\$ —	\$ —	\$ —	\$ —
b. Commercial mortgage-backed securities	—	—	—	—
c. Collateralized debt obligations	—	—	—	—
d. Structured securities	7,939,754	7,913,745	7,826,773	—
e. Equity investments in SCAs	—	—	—	—
f. Other assets	—	—	—	—
g. Total	\$ 7,939,754	\$ 7,913,745	\$ 7,826,773	\$ —

(4) The Company did not underwrite Mortgage Guaranty or Financial Guaranty insurance coverage at December 31, 2020 or 2019.

G. Retained Assets

The Company does not have retained assets at December 31, 2020 and 2019.

H. Insurance-Linked Securities Contracts

Not applicable.

I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy

(1) Amount of admitted balance that could be realized from an investment vehicle	\$ 191,732,581
(2) Percentage bonds	45 %
(3) Percentage stocks	— %
(4) Percentage mortgage loans	— %
(5) Percentage real estate	— %
(6) Percentage cash and short-term investments	4 %
(7) Percentage derivatives	— %
(8) Percentage other invested assets	51 %

22. Events Subsequent

The Company is subject to an annual fee under section 9010 of the ACA. A health insurance company’s portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. The annual fee under section 9010 of the ACA was permanently suspended beginning in 2021.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

NOTES TO FINANCIAL STATEMENTS

	Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?	YES	
B. ACA fee assessment payable for the upcoming year	\$ —	\$ 118,155,872
C. ACA fee assessment paid	\$ 111,316,171	\$ —
D. Premium written subject to ACA 9010 assessment	\$ —	\$ 5,786,109,500
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$ 850,904,188	
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus Line 22B above).	\$ 850,904,188	
G. Authorized Control Level (Five-Year Historical Line 15)	\$ 232,544,489	
H. Would reporting the ACA assessment as of December 31, 2020 have triggered an RBC action level (YES/NO)?	NO	

Subsequent events have been considered through February 25, 2021 for the statutory statement issued on February 26, 2021. There were no other events occurring subsequent to December 31, 2020 requiring recognition or disclosure.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 - General Interrogatories

(1) Are any of the reinsurers that are listed in Schedule S as non-affiliated owned in excess of 10% or controlled, either directly or indirectly, by the Company or by any representative, officer, trustee, or director of the Company?

Yes ( ) No (X)

If yes, give full details.

(2) Have any policies issued by the Company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled, directly or indirectly, by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes ( ) No (X)

If yes, give full details.

Section 2 - Ceded Reinsurance Report - Part A

(1) Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes ( ) No (X)

If yes, give full details.

## NOTES TO FINANCIAL STATEMENTS

- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes ( ) No (X)

If yes, give full details.

### Section 3 - Ceded Reinsurance Report - Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate.

\$4,238,962

- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the Company as of the effective date of the agreement?

Yes ( ) No (X)

If yes, give full details.

### B. Uncollectible Reinsurance

The Company has no uncollectible reinsurance at December 31, 2020 and 2019.

### C. Commutation of Ceded Reinsurance

The Company has not commuted ceded reinsurance during 2020 and 2019.

### D. Certified Reinsurer Rating Downgraded or Status Subject Revocation

The Company has no downgraded certified reinsurer ratings or status subject to revocations during 2020 and 2019.

### E. Reinsurance Credit

(1) Not applicable.

(2) Not applicable.

(3) Not applicable.

(4) Not applicable.

(5) Not applicable.



NOTES TO FINANCIAL STATEMENTS

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. The Company sells accident and health policies for which the premiums vary based on loss experience. The Company estimates retrospective premium adjustments through the review of each retrospectively rated account, comparing the claim development with that anticipated in the policy contracts.
- B. The Company records accrued retrospective premium as an adjustment to earned premium.
- C. The amount of net premiums written by the Company at December 31, 2020 and 2019 that were subject to retrospective rating features was \$5,955,663,237 and \$5,467,567,311, respectively, which represented, 94.6% and 94.5%, respectively, of the total net premiums written.
- D. In accordance with the NAIC SAP, medical loss ratio rebates in accordance with the Federal 2010 Patient Protection and Affordable Care Act and Public Health Service Act (“ACA Act” or “ACA”), are to be reported in accordance with SSAP No. 66 - *Retrospectively Rated Contracts* (“SSAP No. 66”). A retrospectively rated contract is one that has the final policy premium calculated based on the loss experience of the insured during the term of the policy (including loss development after the term of the policy) and the stipulated formula set forth in the policy, or in the case of medical loss ratio rebates, a formula required by law. The Company based the incurred and unpaid liability amounts reported below based on its underwriting experience; actuarial, tax, and accounting estimates and assumptions at the financial statement date; as well as regulations and guidance available that is not final and subject to change prior to settlement. Accordingly, the Company’s use of estimates and assumptions in the preparation of the statutory based financial statements and related footnote disclosures may differ from actual results. Hence, the amounts reported herein are for financial reporting purposes solely and not intended to be used for settlement purposes.

Medical loss ratio rebates accrued pursuant to the ACA Act are as follows:

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Year Reporting:					
(1) Medical loss ratio rebates incurred	\$ —	\$ —	\$ —	\$ —	\$ —
(2) Medical loss ratio rebates paid	—	—	—	—	—
(3) Medical loss ratio rebates unpaid	—	—	—	—	—
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	—
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	—
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ —
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$ —	\$ 3,135,334	\$ —	\$ —	\$ 3,135,334
(8) Medical loss ratio rebates paid	—	—	—	—	—
(9) Medical loss ratio rebates unpaid	—	3,135,334	—	—	3,135,334
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	—
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	—
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ 3,135,334

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

NOTES TO FINANCIAL STATEMENTS

E. Risk-Sharing Provisions of the ACA

(1)	Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)?	Yes
(2)	Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year	
a.	Permanent ACA Risk Adjustment Program	
	Assets	
	Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)	\$ 11,369,480
	Liabilities	
	2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 44,571
	3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premiums)	\$ 4,939,228
	Operations (Revenue & Expense)	
	4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ 8,914,070
	5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ 45,420
b.	Transitional ACA Reinsurance Program	
	Assets	
	1. Amounts recoverable for claims paid due to ACA Reinsurance	\$ —
	2. Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)	\$ —
	3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$ —
	Liabilities	
	4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$ —
	5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$ —
	6. Liability for amounts held under uninsured plans contributions for ACA Reinsurance	\$ —
	Operations (Revenue & Expense)	
	7. Ceded reinsurance premiums due to ACA Reinsurance	\$ —
	8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$ —
	9. ACA Reinsurance contributions - not reported as ceded premium	\$ —
c.	Temporary ACA Risk Corridors Program	
	Assets	
	1. Accrued retrospective premium due to ACA Risk Corridors	\$ —
	Liabilities	
	2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$ —
	Operations (Revenue & Expense)	
	3. Effect of ACA Risk Corridors on net premium income (paid/received)	\$ 13,285
	4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$ —

Line items where the amount is zero is due to no balance and/or no activity as of the reporting date.



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

NOTES TO FINANCIAL STATEMENTS

(3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Ref	Unsettled Balances as of the Reporting Date	
	1	2	3	4	5	6	7	8		9	10
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable	\$ 11,408,064	\$ —	\$ 10,923,529	\$ —	\$ 484,535	\$ —	\$ 472,829	\$ —	A	\$ 957,364	\$ —
2. Premium adjustments (payable)	\$ —	\$ 7,799,573	\$ —	\$ 4,800,751	\$ —	\$ 2,998,822	\$ —	\$ (154,316)	B	\$ —	\$ 2,844,506
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 11,408,064	\$ 7,799,573	\$ 10,923,529	\$ 4,800,751	\$ 484,535	\$ 2,998,822	\$ 472,829	\$ (154,316)		\$ 957,364	\$ 2,844,506
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	C	\$ —	\$ —
2. Amounts recoverable for claims unpaid (contra liability)	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	D	\$ —	\$ —
3. Amounts receivable relating to uninsured plans	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	E	\$ —	\$ —
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	F	\$ —	\$ —
5. Ceded reinsurance premiums payable	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	G	\$ —	\$ —
6. Liability for amounts held under uninsured plans	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	H	\$ —	\$ —
7. Subtotal ACA Transitional Reinsurance Program	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —		\$ —	\$ —
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	\$ —	\$ —	\$ 13,285	\$ —	\$ (13,285)	\$ —	\$ 13,285	\$ —	I	\$ —	\$ —
2. Reserve for rate credits or policy experience rating refunds	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	J	\$ —	\$ —
3. Subtotal ACA Risk Corridors Program	\$ —	\$ —	\$ 13,285	\$ —	\$ (13,285)	\$ —	\$ 13,285	\$ —		\$ —	\$ —
d. Total for ACA Risk Sharing Provisions	\$ 11,408,064	\$ 7,799,573	\$ 10,936,814	\$ 4,800,751	\$ 471,250	\$ 2,998,822	\$ 486,114	\$ (154,316)		\$ 957,364	\$ 2,844,506

Explanations of Adjustments

- A Adjusters were made to reflect the ending balance in the Centers for Medicare & Medicaid Services "Summary Report on Permanent Risk Adjustment Transfers for the 2019 Benefit Year."
- B Adjustments were made to reflect the ending balance in the Centers for Medicare & Medicaid Services "Summary Report on Permanent Risk Adjustment Transfers for the 2019 Benefit Year."
- C Not applicable.
- D Not applicable.
- E Not applicable.
- F Not applicable.
- G Not applicable.
- H Not applicable.
- I As a result of the United States Supreme Court decision on April 27, 2020 in Maine Community Health Options v. United States, the Company received additional payment from CMS for amounts due that were previously written-off.
- J Not applicable.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

NOTES TO FINANCIAL STATEMENTS

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year.

Risk Corridors Program Year	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date			
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1 - 3 + 7)	Cumulative Balance from Prior Years (Col 2 - 4 + 8)		
	1	2	3	4	5	6	7	8		9	10		
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)		
a. 2014													
1. Accrued retrospective premium	\$	—	\$	—	\$ 13,285	\$ —	\$ (13,285)	\$ —	\$ 13,285	\$ —	A	\$ —	\$ —
2. Reserve for rate credits for policy experience rating refunds	\$	—	\$ —	—	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	B	\$ —	\$ —
b. 2015													
1. Accrued retrospective premium	\$	—	\$ —	—	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	C	\$ —	\$ —
2. Reserve for rate credits for policy experience rating refunds	\$	—	\$ —	—	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	D	\$ —	\$ —
c. 2016													
1. Accrued retrospective premium	\$	—	\$ —	—	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	E	\$ —	\$ —
2. Reserve for rate credits for policy experience rating refunds	\$	—	\$ —	—	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	F	\$ —	\$ —
d. Total for Risk Corridors	\$	—	\$ —	—	\$ 13,285	\$ —	\$ (13,285)	\$ —	\$ 13,285	\$ —		\$ —	\$ —

Explanations of adjustments

- AAs a result of the United States Supreme Court decision on April 27, 2020 in Maine Community Health Options v. United States, the Company received additional payment from CMS for amounts due that were previously written-off.
- BNot applicable.
- CNot applicable.
- DNot applicable.
- ENot applicable.
- FNot applicable.

24E(4)d (Columns 1 through 10) should equal 24E(3)c3 (Column 1 through 10 respectively)

(5) ACA Risk Corridors Receivable as of Reporting Date.

Risk Corridors Program Year	1	2	3	4	5	6
	Estimated Amount to be Filed or Final Amount Filed with CMS	Non-Accrued Amounts for Impairment or Other Reasons	Amounts received from CMS	Asset Balance (Gross of Non-admissions) (1 - 2 - 3)	Non-admitted Amount	Net Admitted Asset (4 - 5)
a. 2014	\$ 16,037	\$ 67	\$ 15,970	\$ —	\$ —	\$ —
b. 2015	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
c. 2016	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
d. Total (a + b + c)	\$ 16,037	\$ 67	\$ 15,970	\$ —	\$ —	\$ —

24E(5)d (Columns 4) should equal 24E(3)c1 (Column 9)

24E(5)d (Columns 6) should equal 24E(2)c1

25. Change in Incurred Claims and Claim Adjustment Expenses

- AThe estimated cost of claims and claim adjustment expense attributable to insured events of prior years decreased by \$274,037 during 2020. This is approximately 0.1% of unpaid claims and claim adjustment expenses of \$536,450,866 as of December 31, 2019. The redundancy reflects the decreases in estimated claims and claims adjustment expenses as a result of claims payment during the year, and as additional information is received regarding claims incurred prior to 2020. Recent claim development trends are also taken into account in evaluating the overall adequacy of unpaid claims and unpaid claim adjustment expense.
- BThere were no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

NOTES TO FINANCIAL STATEMENTS

26. Intercompany Pooling Arrangements

Not applicable at December 31, 2020 and 2019.

27. Structured Settlements

Not applicable at December 31, 2020 and 2019.

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

During 2020, the Company sold \$41,339,352 of pharmaceutical rebate receivables without recourse to Blue Cross of California, an affiliated entity. The cash proceeds received by the Company represented the expected pharmaceutical rebates recoverable in 90 days or more at the end of each quarter, less a \$206,697 discount fee.

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2020	\$ 10,590,042	\$ —	\$ —	\$ —	\$ —
9/30/2020	11,846,084	74,236,276	—	—	—
6/30/2020	48,141,871	66,967,377	42,945,085	14,611	—
3/31/2020	71,913,150	64,429,335	57,460,490	112,798	—
12/31/2019	70,637,567	58,754,308	26,611,643	25,246	31,718,836
9/30/2019	78,116,351	55,303,091	43,209,825	112,667	31,465,411
6/30/2019	101,841,936	70,860,705	7,966,800	63,668,441	(891,255)
3/31/2019	103,278,688	71,954,583	7,324,318	64,665,349	(157,138)
12/31/2018	96,977,832	73,738,385	7,559,897	66,588,814	81,835
9/30/2018	96,150,549	70,771,528	48,193,164	23,005,869	124,416
6/30/2018	88,286,098	69,176,095	6,294,047	63,467,184	79,838
3/31/2018	82,302,192	62,596,130	3,796,384	59,241,647	185,602

B. Risk Sharing Receivables

Not applicable at December 31, 2020 and 2019.

29. Participating Policies

Not applicable at December 31, 2020 and 2019.

30. Premium Deficiency Reserves

The Company had no liabilities related to premium deficiency reserves as of December 31, 2020 and 2019.

31. Anticipated Salvage and Subrogation

The Company took into account estimated anticipated subrogation and other recoveries in its determination of the liability for unpaid claims and reduced the liability by \$13,801,000 and \$8,011,000 at December 31, 2020 and 2019, respectively.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES  
GENERAL

1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?  
If yes, complete Schedule Y, Parts 1, 1A and 2

Yes [ X ] No [ ]

1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes [ X ] No [ ] N/A [ ]

1.3

State Regulating?

Ohio

1.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [ X ] No [ ]

1.5

If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

0001156039

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [ ] No [ X ]

2.2

If yes, date of change:

3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2017

3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2017

3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

05/23/2019

3.4

By what department or departments?  
Ohio Department of Insurance

3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [ ] No [ ] N/A [ X ]

3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [ ] No [ ] N/A [ X ]

4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business?  
4.12 renewals?

Yes [ ] No [ X ]  
Yes [ ] No [ X ]

4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business?  
4.22 renewals?

Yes [ ] No [ X ]  
Yes [ ] No [ X ]

5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?  
If yes, complete and file the merger history data file with the NAIC.

Yes [ ] No [ X ]

5.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [ ] No [ X ]

6.2

If yes, give full information:

7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes [ ] No [ X ]

7.2

If yes,  
7.21 State the percentage of foreign control;  
7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

%

1 Nationality	2 Type of Entity

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

GENERAL INTERROGATORIES

- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [ ] No [ X ]
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [ ] No [ X ]
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

Ernst & Young LLP 111 Monument Circle, Suite 4000, Indianapolis, IN 46204
- 10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes [ ] No [ X ]
- 10.2

If the response to 10.1 is yes, provide information related to this exemption:
- 10.3

Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes [ ] No [ X ]
- 10.4

If the response to 10.3 is yes, provide information related to this exemption:
- 10.5

Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes [ X ] No [ ] N/A [ ]
- 10.6

If the response to 10.5 is no or n/a, please explain
11.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

Keith McDaniel (employee), FSA, MAAA, Associate Actuary, 1831 Chestnut Street, St. Louis, MO 63103
- 12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes [ ] No [ X ]
- 12.11

Name of real estate holding company
- 12.12

Number of parcels involved
- 12.13

Total book/adjusted carrying value

\$
- 12.2

If, yes provide explanation:
13.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1

What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes [ ] No [ ]
- 13.3

Have there been any changes made to any of the trust indentures during the year?

Yes [ ] No [ ]
- 13.4

If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes [ ] No [ ] N/A [ ]
- 14.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes [ X ] No [ ]
- a.

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b.

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c.

Compliance with applicable governmental laws, rules and regulations;
- d.

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e.

Accountability for adherence to the code.
- 14.11

If the response to 14.1 is No, please explain:
- 14.2

Has the code of ethics for senior managers been amended?

Yes [ ] No [ X ]
- 14.21

If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [ ] No [ X ]
- 14.31

If the response to 14.3 is yes, provide the nature of any waiver(s).

## GENERAL INTERROGATORIES

- | 1<br>American Bankers Association (ABA) Routing Number | 2<br>Issuing or Confirming Bank Name | 3<br>Circumstances That Can Trigger the Letter of Credit | 4<br>Amount |
|--|--------------------------------------|--|-------------|
|  |                                      |  |             |

16.	Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? .....	Yes [ X ]	No [   ]
17.	Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? .....	Yes [ X ]	No [   ]
18.	Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? .....	Yes [ X ]	No [   ]

19.	Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? .....		Yes [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> ]
20.1	Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):	20.11 To directors or other officers.....	\$ .....	
		20.12 To stockholders not officers.....	\$ .....	
		20.13 Trustees, supreme or grand (Fraternal Only) .....	\$ .....	
20.2	Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):	20.21 To directors or other officers.....	\$ .....	
		20.22 To stockholders not officers.....	\$ .....	
		20.23 Trustees, supreme or grand (Fraternal Only) .....	\$ .....	
21.1	Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? .....		Yes [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> ]
21.2	If yes, state the amount thereof at December 31 of the current year:	21.21 Rented from others.....	\$ .....	
		21.22 Borrowed from others.....	\$ .....	
		21.23 Leased from others .....	\$ .....	
		21.24 Other .....	\$ .....	
22.1	Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? .....		Yes [ <input type="checkbox"/> ]	No [ <input checked="" type="checkbox"/> ]
22.2	If answer is yes:	22.21 Amount paid as losses or risk adjustment \$ .....		
		22.22 Amount paid as expenses .....	\$ .....	
		22.23 Other amounts paid .....	\$ .....	
23.1	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? .....		Yes [ <input checked="" type="checkbox"/> ]	No [ <input type="checkbox"/> ]
23.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount: .....		\$ .....	24,355,116

24.01	Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03).....	Yes	<input checked="" type="checkbox"/>	X		No	<input type="checkbox"/>		
24.02	If no, give full and complete information relating thereto .....								
24.03	For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided) See Notes 5E, 5L and 17B. ....								
24.04	For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. ....	\$						15,420,570	
24.05	For the reporting entity's securities lending program, report amount of collateral for other programs. ....	\$							
24.06	Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? .....	Yes	<input checked="" type="checkbox"/>	X		No	<input type="checkbox"/>		N/A <input type="checkbox"/>
24.07	Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? .....	Yes	<input checked="" type="checkbox"/>	X		No	<input type="checkbox"/>		N/A <input type="checkbox"/>
24.08	Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? .....	Yes	<input checked="" type="checkbox"/>	X		No	<input type="checkbox"/>		N/A <input type="checkbox"/>

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

GENERAL INTERROGATORIES

24.09 For the reporting entity’s securities lending program state the amount of the following as of December 31 of the current year:

24.091	Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$	15,420,656
24.092	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$	15,420,570
24.093	Total payable for securities lending reported on the liability page.	\$	15,420,570

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03).

Yes ☒ No ☐

25.2	If yes, state the amount thereof at December 31 of the current year:	25.21 Subject to repurchase agreements	\$	
		25.22 Subject to reverse repurchase agreements	\$	
		25.23 Subject to dollar repurchase agreements	\$	
		25.24 Subject to reverse dollar repurchase agreements	\$	
		25.25 Placed under option agreements	\$	
		25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$	
		25.27 FHLB Capital Stock	\$	6,786,300
		25.28 On deposit with states	\$	443,413
		25.29 On deposit with other regulatory bodies	\$	
		25.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$	
		25.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$	251,920,466
		25.32 Other	\$	

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes ☐ No ☒

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes ☐ No ☐ N/A ☒  
If no, attach a description with this statement.

LINES 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? .. Yes ☐ No ☐

26.4	If the response to 26.3 is YES, does the reporting entity utilize:	26.41 Special accounting provision of SSAP No. 108	Yes <input type="checkbox"/> No <input type="checkbox"/>
		26.42 Permitted accounting practice	Yes <input type="checkbox"/> No <input type="checkbox"/>
		26.43 Other accounting guidance	Yes <input type="checkbox"/> No <input type="checkbox"/>

26.5 By responding YES to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:

Yes ☐ No ☐

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes ☐ No ☒

27.2 If yes, state the amount thereof at December 31 of the current year. \$

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes ☒ No ☐

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
JP Morgan Chase Bank, N.A	383 Madison Ave, New York, NY 10179

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

GENERAL INTERROGATORIES

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?..... Yes [ ] No [ X ]

28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Anthem, Inc. ....	I.....
Bain Capital Credit, LP .....	U.....
BlackRock Financial Management .....	U.....
Loomis, Sayles & Company, LP .....	U.....
PGIM, Inc. ....	U.....
Pacific Investment Management Company .....	U.....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [ X ] No [ ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [ X ] No [ ]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
134852 .....	Bain Capital Credit, LP .....	WBY05W751L9CPDJW0453 .....	Securities Exchange Commission .....	NO.....
107105 .....	BlackRock Financial Management .....	549300LVXY1VJKE13M84 .....	Securities Exchange Commission .....	NO.....
105377 .....	Loomis, Sayles & Company, LP .....	J1ZPN2RX3UMNOYID1313 .....	Securities Exchange Commission .....	NO.....
105676 .....	PGIM, Inc. ....	5PRBRS5FEH7NREC80R45 .....	Securities Exchange Commission .....	NO.....
104559 .....	Pacific Investment Management Company .....	549300KGPYQZXGMYYN38 .....	Securities Exchange Commission .....	NO.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? ..... Yes [ ] No [ X ]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 - Total		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

GENERAL INTERROGATORIES

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds .....	1,344,283,458	1,410,830,251	66,546,793
30.2 Preferred stocks .....	0	0	0
30.3 Totals	1,344,283,458	1,410,830,251	66,546,793

30.4 Describe the sources or methods utilized in determining the fair values:  
Fair values were obtained from third-party pricing sources. If a security was not priced by a third-party pricing source, internal analytical systems or broker quotes were utilized. ....

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? ..... Yes [ X ] No [ ]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? ..... Yes [ X ] No [ ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:  
.....

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [ X ] No [ ]

32.2 If no, list exceptions:  
.....

33. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:  
a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.  
b. Issuer or obligor is current on all contracted interest and principal payments.  
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.  
Has the reporting entity self-designated 5GI securities? ..... Yes [ ] No [ X ]

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:  
a. The security was purchased prior to January 1, 2018.  
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.  
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.  
Has the reporting entity self-designated PLGI securities? ..... Yes [ ] No [ X ]

35. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:  
a. The shares were purchased prior to January 1, 2019.  
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.  
d. The fund only or predominantly holds bonds in its portfolio.  
e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.  
f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.  
Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? ..... Yes [ ] No [ X ]

36. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:  
a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.  
b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.  
c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.  
d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 36.a - 36.c are reported as long-term investments.  
Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? ..... Yes [ ] No [ X ] N/A [ ]

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

GENERAL INTERROGATORIES

OTHER

37.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? .....\$ .....1,771,206

37.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
Blue Cross Blue Shield Association .....	1,771,206
.....	.....

38.1 Amount of payments for legal expenses, if any? .....\$ .....9,500,676

38.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Omelveny and Myers .....	3,652,683
.....	.....

39.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? .....\$ .....138,035

39.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
Government Advocates .....	84,000
Ockerman Consulting .....	54,000
Lobbying expenses disclosed reflect amounts reported in the Lobbyist Disclosure Reports filed with the Secretary of State as well as the cost of external contractors who provided lobbying services to the Company. The amount may include expenses that may have been paid by an affiliate on behalf of the Company and, as a result, may not be included in the Underwriting Gain reported on page 4 of the 2020 Annual Statement. ....	.....
.....	.....

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [ X ] No [ ]

1.2

If yes, indicate premium earned on U.S. business only.

\$ 150,043,682

1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$

1.31

Reason for excluding

1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above

\$

1.5

Indicate total incurred claims on all Medicare Supplement Insurance.

\$ 103,725,992

1.6

Individual policies:

Most current three years:

1.61

Total premium earned

\$ 49,398,610

1.62

Total incurred claims

\$ 11,547,614

1.63

Number of covered lives

31,419

All years prior to most current three years:

1.64

Total premium earned

\$ 69,007,468

1.65

Total incurred claims

\$ 54,174,974

1.66

Number of covered lives

24,888

1.7

Group policies:

Most current three years:

1.71

Total premium earned

\$ 0

1.72

Total incurred claims

\$ 0

1.73

Number of covered lives

0

All years prior to most current three years:

1.74

Total premium earned

\$ 31,637,604

1.75

Total incurred claims

\$ 38,003,404

1.76

Number of covered lives

11,053

2.

Health Test:

1

Current Year

2

Prior Year

2.1

Premium Numerator

6,295,210,7855,782,976,891

2.2

Premium Denominator

6,295,210,7855,782,976,891

2.3

Premium Ratio (2.1/2.2)

1.0001.000

2.4

Reserve Numerator

764,414,863565,152,240

2.5

Reserve Denominator

764,414,863565,152,240

2.6

Reserve Ratio (2.4/2.5)

1.0001.000

3.1

Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [ ] No [ X ]

3.2

If yes, give particulars:

4.1

Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes [ X ] No [ ]

4.2

If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes [ ] No [ ]

5.1

Does the reporting entity have stop-loss reinsurance?

Yes [ ] No [ X ]

5.2

If no, explain:  
Anthem has the ability to cover costs for the entity as needed.

5.3

Maximum retained risk (see instructions)

5.31

Comprehensive Medical

\$

5.32

Medical Only

\$

5.33

Medicare Supplement

\$

5.34

Dental & Vision

\$

5.35

Other Limited Benefit Plan

\$

5.36

Other

\$

6.

Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:  
If the Company becomes insolvent, Anthem, Inc. has agreed to the full extent of its assets, to assume all contractual and financial obligations of the Company. The Company's provider contracts include insolvency provisions, continuity of care provisions, and hold harmless language. Benefit certificates include continuation language allowing subscribers and dependents to continue under certain circumstances.

7.1

Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes [ X ] No [ ]

7.2

If no, give details

8.

Provide the following information regarding participating providers:

8.1

Number of providers at start of reporting year

79,075

8.2

Number of providers at end of reporting year

82,415

9.1

Does the reporting entity have business subject to premium rate guarantees?

Yes [ X ] No [ ]

9.2

If yes, direct premium earned:

9.21

Business with rate guarantees between 15-36 months.

\$ 138,701,375

9.22

Business with rate guarantees over 36 months

\$ 9,621,755

28

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

GENERAL INTERROGATORIES

10.1

Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes [ X ] No [ ]

10.2

If yes:

10.21

Maximum amount payable bonuses

\$ 47,339,483

10.22

Amount actually paid for year bonuses

\$ 79,999,542

10.23

Maximum amount payable withholds

\$

10.24

Amount actually paid for year withholds

\$

11.1

Is the reporting entity organized as:

11.12

A Medical Group/Staff Model,

Yes [ ] No [ X ]

11.13

An Individual Practice Association (IPA), or,

Yes [ ] No [ X ]

11.14

A Mixed Model (combination of above)?

Yes [ ] No [ X ]

11.2

Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

Yes [ X ] No [ ]

11.3

If yes, show the name of the state requiring such minimum capital and surplus.

Ohio

11.4

If yes, show the amount required.

\$ 2,500,000

11.5

Is this amount included as part of a contingency reserve in stockholder's equity?

Yes [ ] No [ X ]

11.6

If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

1
Name of Service Area
State of Ohio
State of Indiana

13.1

Do you act as a custodian for health savings accounts?

Yes [ ] No [ X ]

13.2

If yes, please provide the amount of custodial funds held as of the reporting date.

\$

13.3

Do you act as an administrator for health savings accounts?

Yes [ ] No [ X ]

13.4

If yes, please provide the balance of funds administered as of the reporting date.

\$

14.1

Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?

Yes [ ] No [ ] N/A [ X ]

14.2

If the answer to 14.1 is yes, please provide the following:

1	2	3	4	Assets Supporting Reserve Credit		
				5	6	7
Company Name	NAIC Company Code	Domiciliary Jurisdiction	Reserve Credit	Letters of Credit	Trust Agreements	Other

15.

Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1

Direct Premium Written

\$

15.2

Total Incurred Claims

\$

15.3

Number of Covered Lives

*Ordinary Life Insurance Includes
Term(whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary gurarantee)
Universal Life (with or without secondary gurarantee)
Variable Universal Life (with or without secondary gurarantee)

16.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes [ X ] No [ ]

16.1

If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes [ ] No [ ]

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

FIVE-YEAR HISTORICAL DATA

	1 2020	2 2019	3 2018	4 2017	5 2016
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28) .....	2,054,011,521	1,926,325,358	1,812,303,254	1,990,383,823	2,138,680,961
2. Total liabilities (Page 3, Line 24) .....	1,203,107,333	1,152,587,268	1,010,122,090	1,160,408,378	1,330,908,705
3. Statutory minimum capital and surplus requirement .....	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000
4. Total capital and surplus (Page 3, Line 33) .....	850,904,188	773,738,090	802,181,164	829,975,445	807,772,256
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8) .....	6,568,884,001	5,951,517,993	5,398,359,574	5,714,239,382	5,297,048,925
6. Total medical and hospital expenses (Line 18) .....	5,507,058,132	5,028,201,662	4,460,443,424	4,844,936,342	4,414,793,254
7. Claims adjustment expenses (Line 20) .....	215,946,654	188,532,867	124,988,263	123,219,036	102,243,429
8. Total administrative expenses (Line 21) .....	621,144,326	349,897,239	410,096,786	327,205,978	328,819,684
9. Net underwriting gain (loss) (Line 24) .....	226,608,730	386,545,926	400,190,812	423,533,893	453,431,363
10. Net investment gain (loss) (Line 27) .....	34,148,387	40,755,251	95,875,283	79,653,788	64,976,026
11. Total other income (Lines 28 plus 29) .....	11,313,464	16,397,540	2,123,183	1,367,482	(926,360)
12. Net income or (loss) (Line 32) .....	175,040,427	352,244,072	386,618,759	348,557,354	319,116,362
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11) .....	431,357,414	434,773,942	295,209,280	330,336,438	152,481,367
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital .....	850,904,188	773,738,090	802,181,164	829,975,445	807,772,256
15. Authorized control level risk-based capital .....	232,544,489	211,147,238	185,337,282	190,927,970	186,323,758
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7) .....	2,200,781	2,065,570	1,958,586	2,034,466	1,841,214
17. Total members months (Column 6, Line 7) .....	26,301,882	24,747,790	23,543,428	24,315,451	21,880,782
<b>Operating Percentage</b> (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) .....	83.8	84.5	82.6	84.8	83.3
20. Cost containment expenses .....	1.9	2.0	1.3	1.2	0.9
21. Other claims adjustment expenses .....	1.4	1.1	1.0	0.9	1.1
22. Total underwriting deductions (Line 23) .....	96.6	93.5	92.6	92.6	91.4
23. Total underwriting gain (loss) (Line 24) .....	3.4	6.5	7.4	7.4	8.6
<b>Unpaid Claims Analysis</b> (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5) .....	495,805,992	443,794,988	446,643,094	485,896,042	470,117,412
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)] .....	524,770,166	462,317,829	541,836,779	535,396,304	524,603,915
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) .....	0				
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) .....	0	0			
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) .....	0	0			
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10) .....	0	0	0	0	0
30. Affiliated mortgage loans on real estate .....					
31. All other affiliated .....					
32. Total of above Lines 26 to 31 .....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? ..... Yes [        ] No [        ]

If no, please explain: .....

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

**SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS**

Allocated by States and Territories										
			1	Direct Business Only						
				2	3	4	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7
States, etc.			Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX				
1.	Alabama	AL	N							.0
2.	Alaska	AK	N							.0
3.	Arizona	AZ	N							.0
4.	Arkansas	AR	N							.0
5.	California	CA	N							.0
6.	Colorado	CO	N							.0
7.	Connecticut	CT	N							.0
8.	Delaware	DE	N							.0
9.	District of Columbia	DC	N							.0
10.	Florida	FL	N							.0
11.	Georgia	GA	N							.0
12.	Hawaii	HI	N							.0
13.	Idaho	ID	N							.0
14.	Illinois	IL	N							.0
15.	Indiana	IN	L	4,124,063						4,124,063
16.	Iowa	IA	N							.0
17.	Kansas	KS	N							.0
18.	Kentucky	KY	N							.0
19.	Louisiana	LA	N							.0
20.	Maine	ME	N							.0
21.	Maryland	MD	N							.0
22.	Massachusetts	MA	N							.0
23.	Michigan	MI	N							.0
24.	Minnesota	MN	N							.0
25.	Mississippi	MS	N							.0
26.	Missouri	MO	N							.0
27.	Montana	MT	N							.0
28.	Nebraska	NE	N							.0
29.	Nevada	NV	N							.0
30.	New Hampshire	NH	N							.0
31.	New Jersey	NJ	N							.0
32.	New Mexico	NM	N							.0
33.	New York	NY	N							.0
34.	North Carolina	NC	N							.0
35.	North Dakota	ND	N							.0
36.	Ohio	OH	L	2,751,520,449	2,676,011,456		1,211,387,513			6,638,919,418
37.	Oklahoma	OK	N							.0
38.	Oregon	OR	N							.0
39.	Pennsylvania	PA	N							.0
40.	Rhode Island	RI	N							.0
41.	South Carolina	SC	N							.0
42.	South Dakota	SD	N							.0
43.	Tennessee	TN	N							.0
44.	Texas	TX	N							.0
45.	Utah	UT	N							.0
46.	Vermont	VT	N							.0
47.	Virginia	VA	N							.0
48.	Washington	WA	N							.0
49.	West Virginia	WV	N							.0
50.	Wisconsin	WI	N							.0
51.	Wyoming	WY	N							.0
52.	American Samoa	AS	N							.0
53.	Guam	GU	N							.0
54.	Puerto Rico	PR	N							.0
55.	U.S. Virgin Islands	VI	N							.0
56.	Northern Mariana Islands	MP	N							.0
57.	Canada	CAN	N							.0
58.	Aggregate other alien	OT	XXX	.0	.0	.0	.0	.0	.0	.0
59.	Subtotal		XXX	2,755,644,512	2,676,011,456	.0	1,211,387,513	.0	6,643,043,481	.0
60.	Reporting entity contributions for Employee Benefit Plans		XXX							.0
61.	Total (Direct Business)		XXX	2,755,644,512	2,676,011,456	.0	1,211,387,513	.0	6,643,043,481	.0
DETAILS OF WRITE-INS										
58001.			XXX							
58002.			XXX							
58003.			XXX							
58998.	Summary of remaining write-ins for Line 58 from overflow page		XXX	.0	.0	.0	.0	.0	.0	.0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX	.0	.0	.0	.0	.0	.0	.0

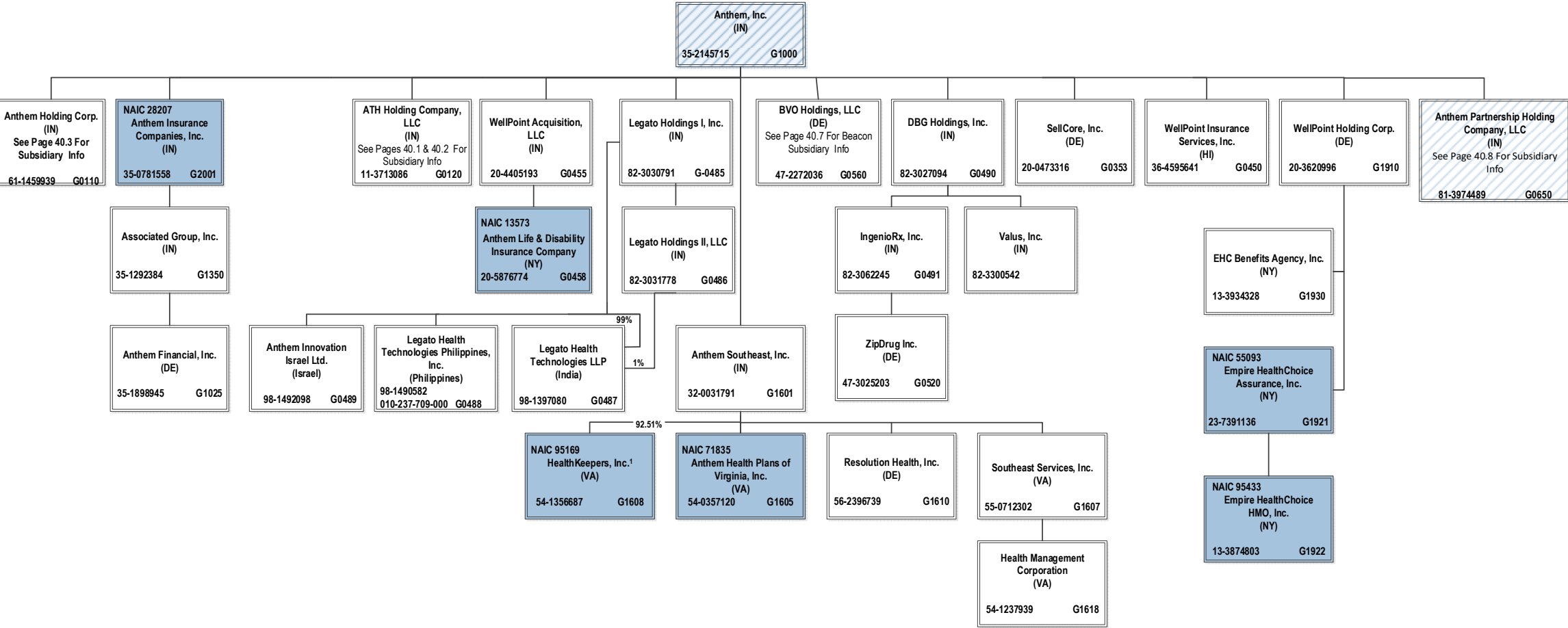
(a) Active Status Counts:  
L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....2 R - Registered - Non-domiciled RRGs.....0  
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....0 Q - Qualified - Qualified or accredited reinsurer.....0  
N - None of the above - Not allowed to write business in the state.....55

(b) Explanation of basis of allocation by states, premiums by state, etc.  
Allocated based on the situs of the contract.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee

ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED

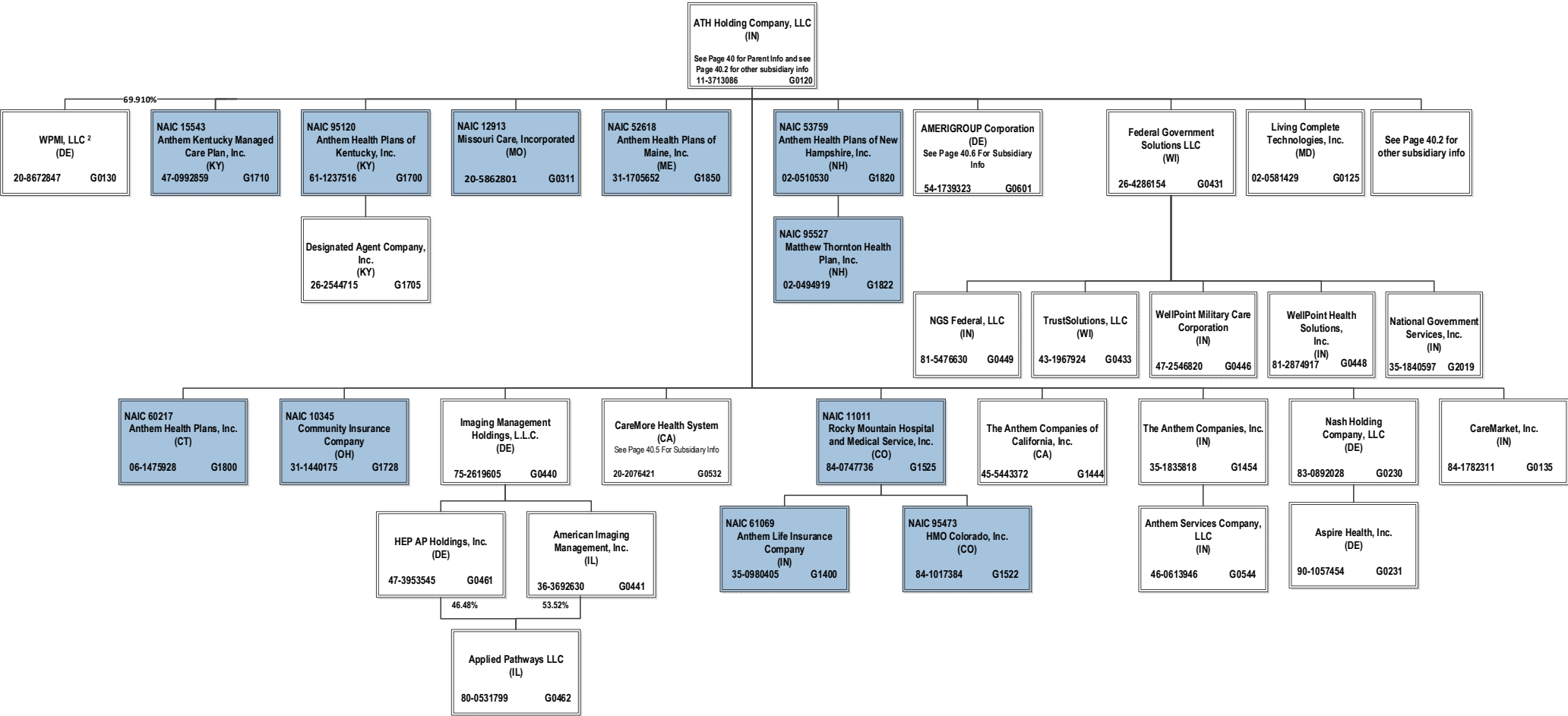


<sup>1</sup> HealthKeepers, Inc. is owned 92.51% by Anthem Southeast, Inc. and 7.49% by UNICARE National Services, Inc.

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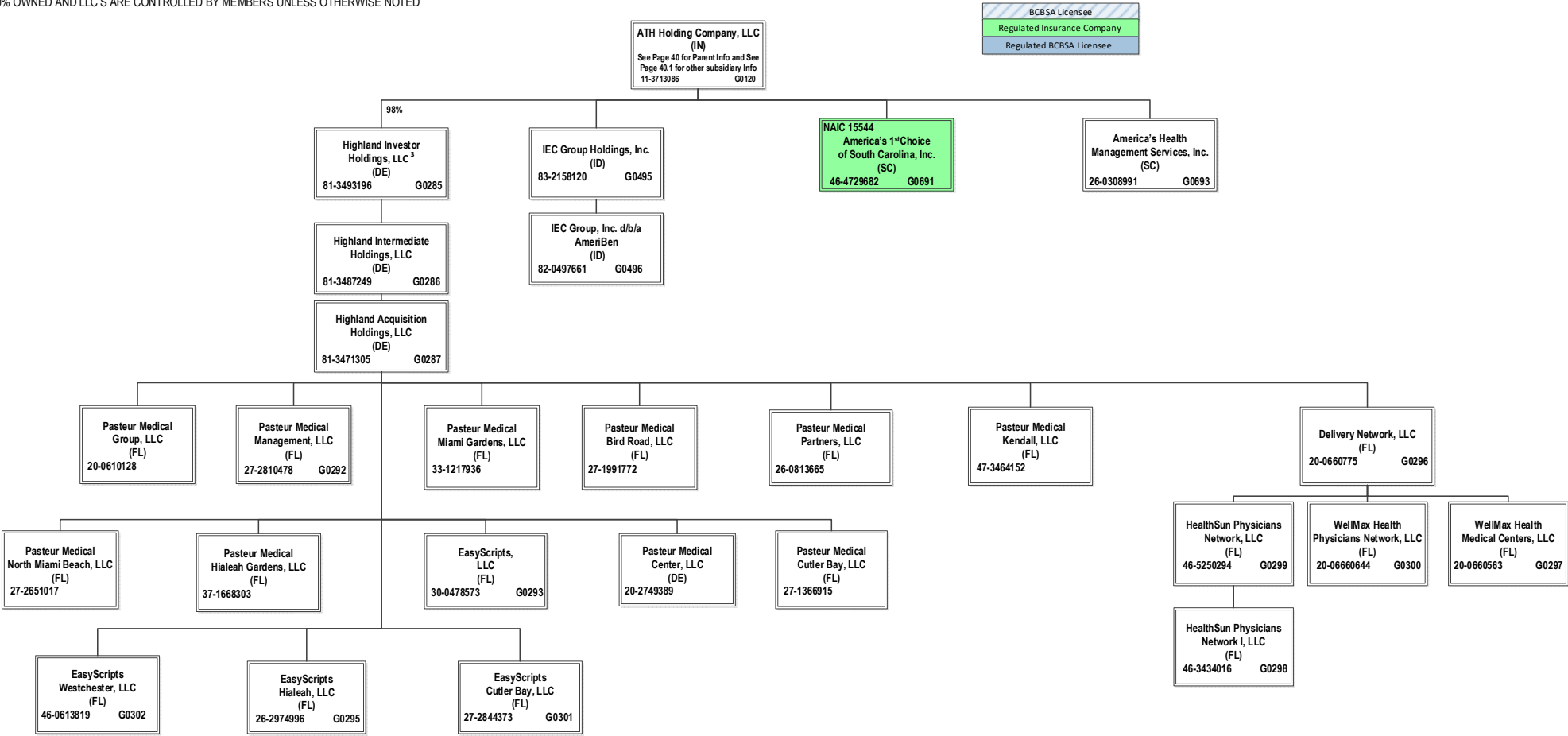


<sup>2</sup> 30.09% of WPMI, LLC is owned by unaffiliated investors



SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

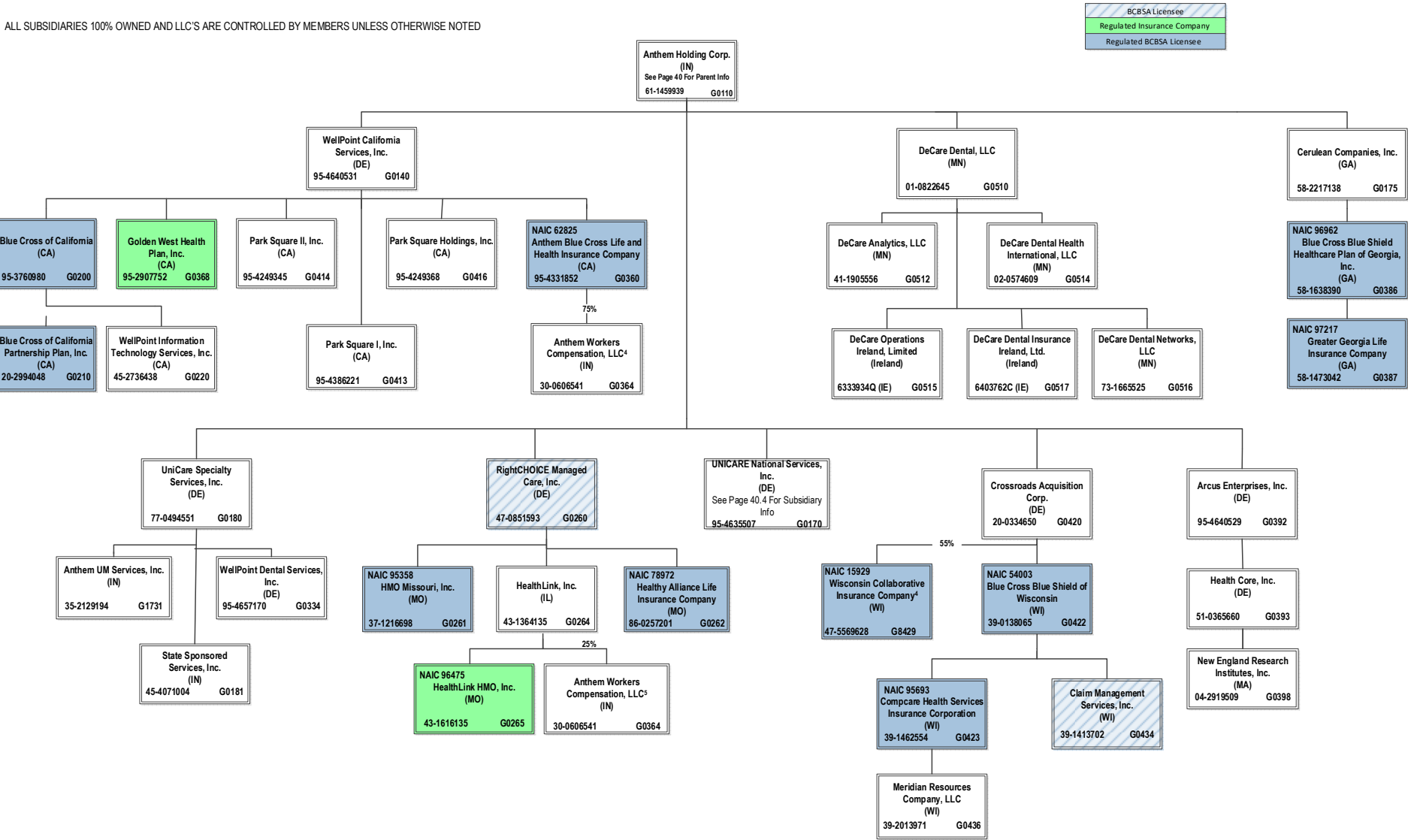
ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED



<sup>3</sup> ATH Holding Company, LLC holds a 98% interest in Highland Investor Holdings, LLC, and Amerigroup Corporation holds the remaining 2% interest.

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PART 1 – ORGANIZATIONAL CHART

ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED

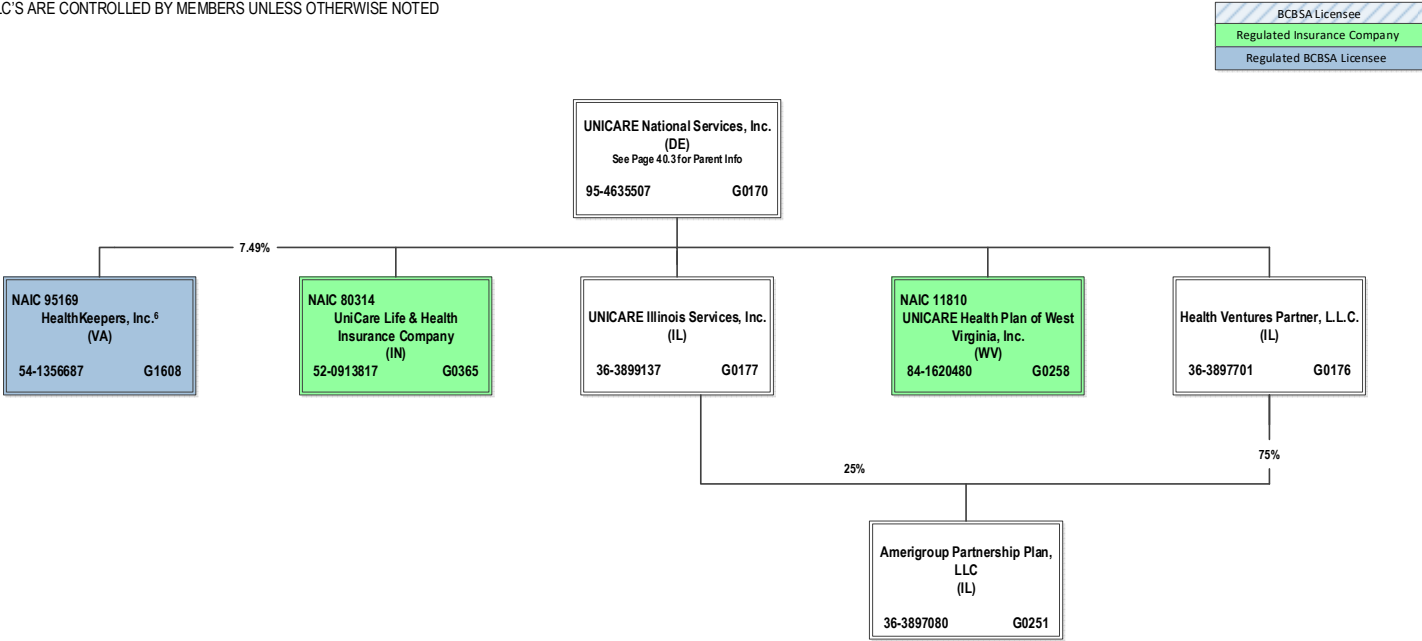


<sup>4</sup> 45% of WCIC is owned by Aurora Health Care, Inc. (non-affiliate). Not consolidated for accounting purposes.

<sup>5</sup> Anthem Workers' Compensation LLC is owned 75% by Anthem Blue Cross Life and Health Insurance Company and 25% by HealthLink, Inc.

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PART 1 – ORGANIZATIONAL CHART

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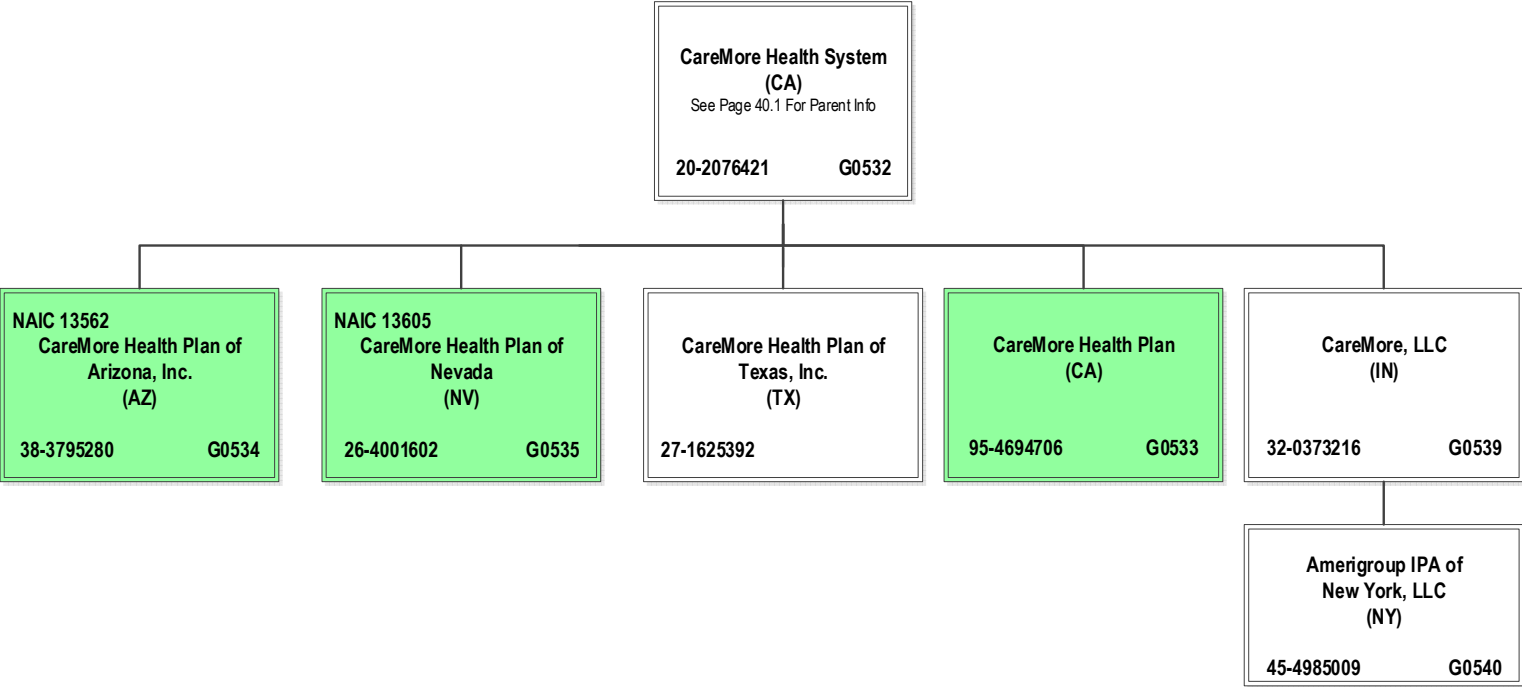


<sup>6</sup> HealthKeepers, Inc. is owned 92.51% by Anthem Southeast, Inc. and 7.49% by UNICARE National Services, Inc.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

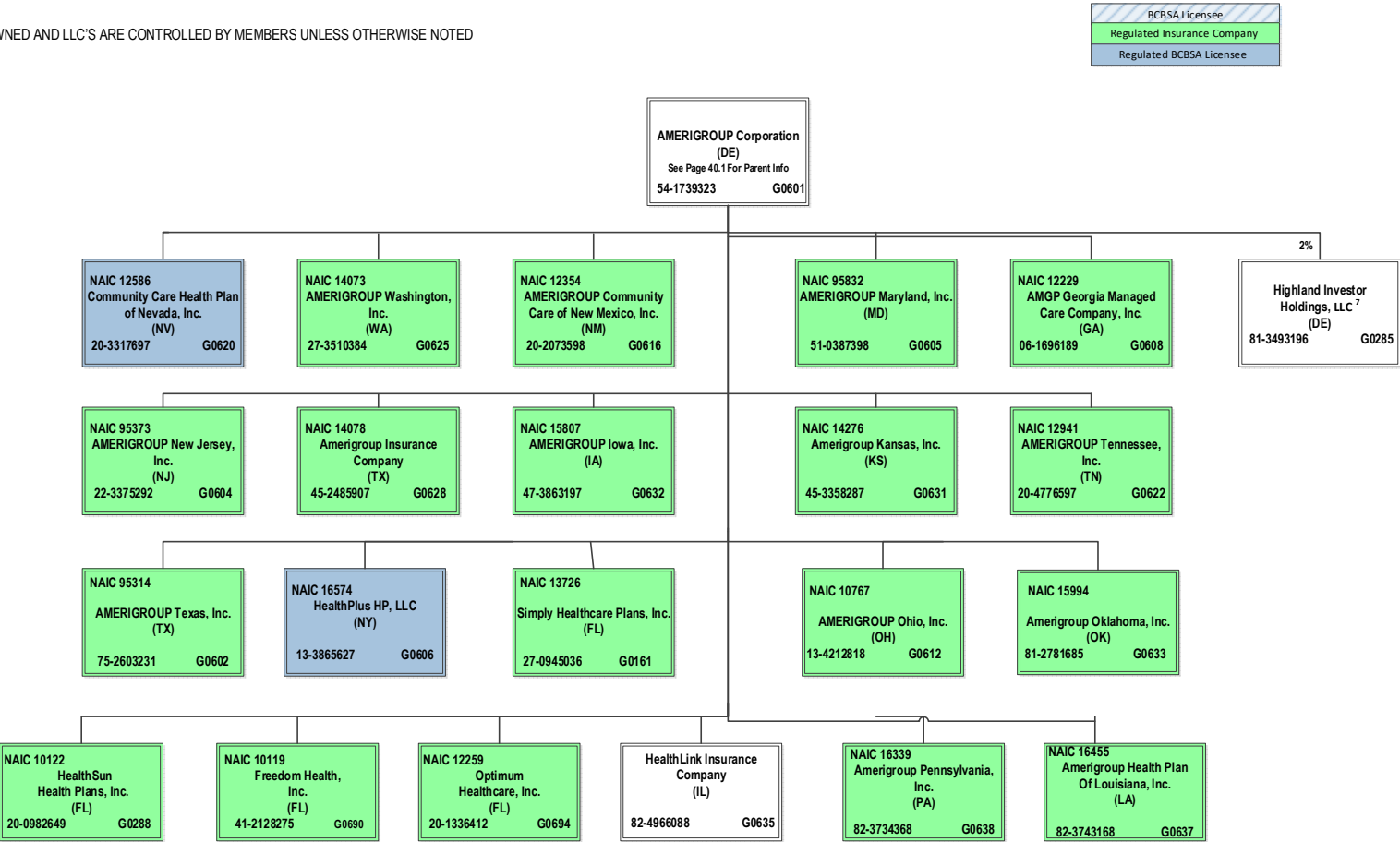
ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee



SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED



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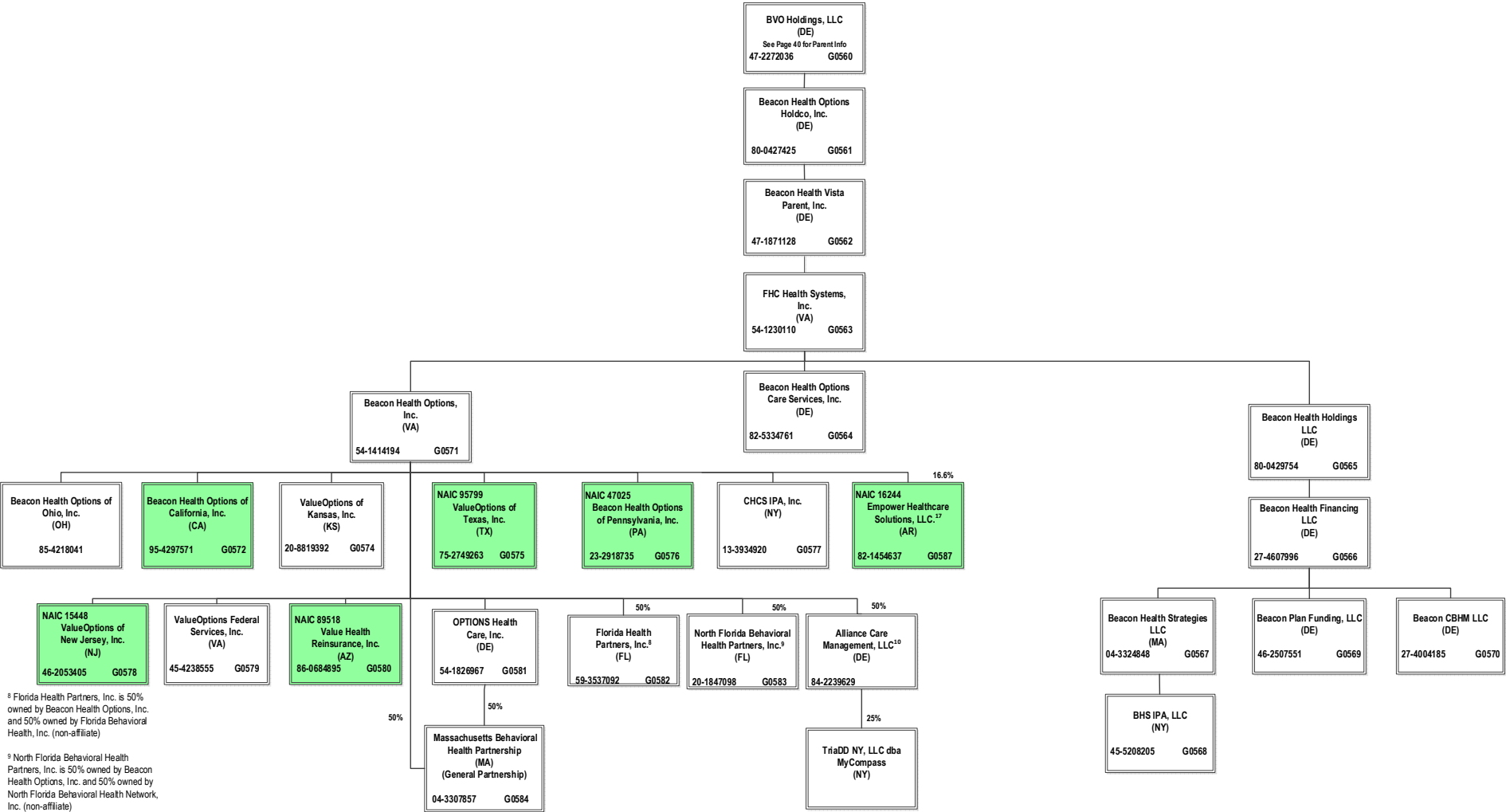
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<sup>7</sup> Amerigroup Corporation holds a 2% interest in Highland Investor Holdings, LLC, and ATH Holding Company, LLC holds the remaining 98% interest.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee



<sup>8</sup> Florida Health Partners, Inc. is 50% owned by Beacon Health Options, Inc. and 50% owned by Florida Behavioral Health, Inc. (non-affiliate)

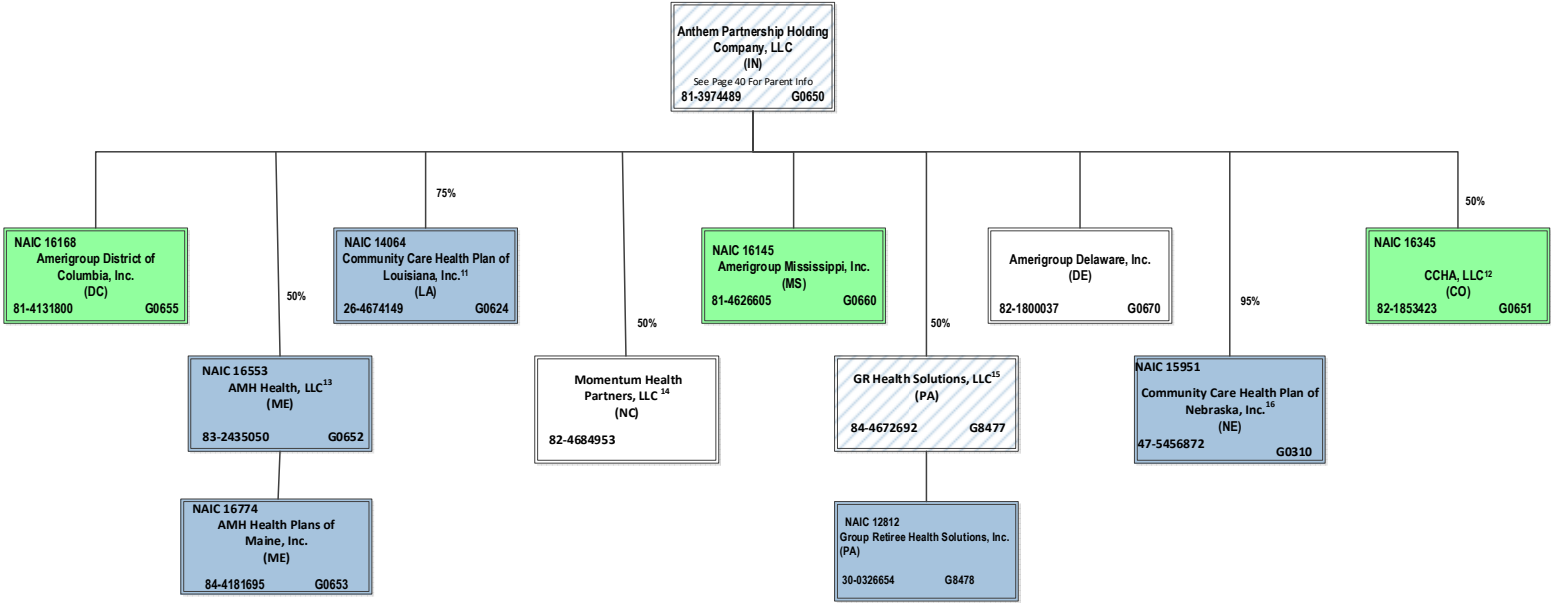
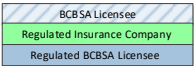
<sup>9</sup> North Florida Behavioral Health Partners, Inc. is 50% owned by Beacon Health Options, Inc. and 50% owned by North Florida Behavioral Health Network, Inc. (non-affiliate)

<sup>10</sup> Alliance Care Management, LLC is 50% owned by Beacon Health Options, Inc. and 50% owned by HealthPlus HP, LLC.

<sup>17</sup> Empower Healthcare Solutions, LLC (AR) is owned 16.6% by Beacon Health Options, Inc. and 83.4% by (non-affiliates)

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART

ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED



<sup>11</sup> Community Care Health Plan of Louisiana, Inc. is a joint venture 75% owned by Anthem Partnership Holding Company, LLC and 25% owned by Louisiana Health Service & Indemnity Company d/b/a Blue Cross and Blue Shield of Louisiana (non-affiliate)

<sup>12</sup> CCHA, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Colorado Community Health Alliance, LLC (non-affiliate)

<sup>13</sup> AMH Health, LLC is a joint venture 50% owned by MaineHealth (non-affiliate) and 50% owned by Anthem Partnership Holding Company, LLC

<sup>14</sup> Momentum Health Partners, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Blue Cross and Blue Shield of North Carolina (non-affiliate)

<sup>15</sup> GR Health Solutions, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Independence Blue Cross, LLC (non-affiliate)

<sup>16</sup> Anthem Partnership Holding Company, LLC holds a 95% interest in Community Care Health Plan of Nebraska, Inc., and Blue Cross and Blue Shield of Nebraska, Inc. (non-affiliate) holds the remaining 5%

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Community Insurance Company

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

		Current Year			Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
2504.	Premium tax credits .....	1,337,345	0	1,337,345	0
2505.	Other miscellaneous accounts receivable .....	5,299,993	5,155,291	144,702	96,790
2506.	Prepaid expenses .....	21,299,968	21,299,968	0	0
2597.	Summary of remaining write-ins for Line 25 from overflow page	27,937,306	26,455,259	1,482,047	96,790