



HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2022
OF THE CONDITION AND AFFAIRS OF THE

Community Insurance Company

NAIC Group Code 0671 (Current) 0671 (Prior) NAIC Company Code 10345 Employer's ID Number 31-1440175

Organized under the Laws of Ohio, State of Domicile or Port of Entry OH

Country of Domicile United States of America

Licensed as business type: Property/Casualty

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized 07/08/1995 Commenced Business 10/01/1995

Statutory Home Office 4361 Irwin Simpson Road (Street and Number), Mason, OH, US 45040-9498 (City or Town, State, Country and Zip Code)

Main Administrative Office 4361 Irwin Simpson Road (Street and Number), Mason, OH, US 45040-9498 (City or Town, State, Country and Zip Code), 513-872-8100 (Area Code) (Telephone Number)

Mail Address N17 W24340 Riverwood Drive (Street and Number or P.O. Box), Waukesha, WI, US 53188 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records N17 W24340 Riverwood Drive (Street and Number), Waukesha, WI, US 53188 (City or Town, State, Country and Zip Code), 262-202-1569 (Area Code) (Telephone Number)

Internet Website Address www.anthem.com

Statutory Statement Contact Jill M. Waddell (Name), 262-202-1569 (Area Code) (Telephone Number), Jill.Waddell@anthem.com (E-mail Address), 262-523-4945 (FAX Number)

OFFICERS

President/Chairperson Jane Marie Peterson #

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

Gregory Alfonso LaManna, Vice President and Medicaid Plan President

DIRECTORS OR TRUSTEES

Laurie Helm Benintendi

Ronald William Penczek

Bradley Scott Jackson

Jane Marie Peterson #

Heather Chockley Steinmeyer

State of Indiana SS:
County of Johnson

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: Jane Peterson 283A17CE53F54BC...

DocuSigned by: Kathleen Susan Kiefer 54259124741844A...

DocuSigned by: Vincent E. Scher A85A33722D4143E...

Jane Marie Peterson President/Chairperson

Kathleen Susan Kiefer Secretary

Vincent Edward Scher Vice President/Treasurer

Subscribed and sworn to before me this 28th day of April 2022

a. Is this an original filing? Yes [X] No []

b. If no,

1. State the amendment number.....

2. Date filed

3. Number of pages attached.....

Rita F. Gentry
Executive Assistant
1/17/2029

Rita F. Gentry
Notary Public
SEAL
Johnson County, State of Indiana
My Commission Expires January 17, 2029
Commission No: NP0641321