

HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 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

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.elevancehealth.com

Statutory Statement Contact Jill M. Waddell (Name) 262-202-1569 (Area Code) (Telephone Number) jill.waddell@elevancehealth.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

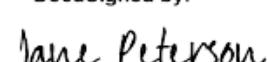
Ronald William Penczek Bradley Scott Jackson

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.

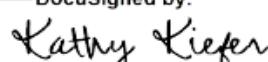
DocuSigned by:


Jane Peterson

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Jane Marie Peterson
President/Chairperson

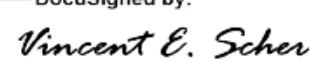
DocuSigned by:


Kathleen Susan Kiefer

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Kathleen Susan Kiefer
Secretary

DocuSigned by:


Vincent E. Scher

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Vincent Edward Scher
Vice President/Treasurer

Subscribed and sworn to before me this
26th day of July 2022


Rita F. Gentry

Executive Assistant
1/17/2029

a. Is this an original filing? _____

Yes No

b. If no,

1. State the amendment number, _____

2. Date filed, _____

3. Number of pages attached, _____

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