



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2022  
OF THE CONDITION AND AFFAIRS OF THE

Community Insurance Company

NAIC Group Code06710671NAIC Company Code10345Employer's ID Number31-1440175  
(Current)(Prior)

Organized under the Laws ofOhio, State of Domicile or Port of EntryOH

Country of DomicileUnited States of America

Licensed as business type:Property/Casualty

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

Incorporated/Organized07/08/1995Commenced Business10/01/1995

Statutory Home Office4361 Irwin Simpson RoadMason, OH, US 45040-9498  
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office4361 Irwin Simpson RoadMason, OH, US 45040-9498513-872-8100  
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail AddressN17 W24340 Riverwood DriveWaukesha, WI, US 53188  
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and RecordsN17 W24340 Riverwood DriveWaukesha, WI, US 53188800-331-1476  
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.elevancehealth.com

Statutory Statement ContactJill M. Waddell262-202-1569  
(Name)(Area Code) (Telephone Number)  
jill.waddell@elevancehealth.com262-523-4945  
(E-mail Address)(FAX Number)

OFFICERS

President/ChairpersonJane Marie Peterson #

Vice President/TreasurerVincent Edward Scher

SecretaryKathleen Susan Kiefer

Assistant SecretaryKristin 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 ofIndiana  
County ofJohnsonSS:

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  
203A17CE53F54BC...

DocuSigned by:  
Kathleen Susan Kiefer  
D085176EE06704B1...

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  
27th day of October 2022

Rita F. Gentry

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

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.....