



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2025  
OF THE CONDITION AND AFFAIRS OF THE

## Community Insurance Company

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

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, Mason, OH, US 45040-9498  
(Street and Number) (City or Town, State, Country and Zip Code)

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

Mail Address N17 W24222 Riverwood Drive, Suite 300, Waukesha, WI, US 53188  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records N17 W24222 Riverwood Drive, Suite 300  
(Street and Number)  
Waukesha, WI, US 53188 800-331-1476  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.elevancehealth.com

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

### OFFICERS

President/Chairperson Jane Marie Peterson Vice President/Treasurer Vincent Edward Scher  
 Secretary Kathleen Susan Kiefer Assistant Secretary Bryan Michael Shade #

### OTHER

Eric (Rick) Kenneth Noble, Assistant Treasurer Jennie Lynne Reynolds, Vice President Bradley Scott Jackson, Medical Director  
Michelle Elizabeth Stoughton #, Vice President and Medicaid Plan President

### DIRECTORS OR TRUSTEES

Karen Elizabeth Geiger-Niedfeldt # Eric (Rick) Kenneth Noble # Bradley Scott Jackson  
Jane Marie Peterson Vincent Edward Scher

State of Indiana SS  
 County of Marion

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:  
  
283A17CE53F54BC...  
 Jane Marie Peterson  
 President/Chairperson

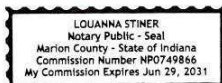
Signed by:  
  
D85175EE05784B1...  
 Kathleen Susan Kiefer  
 Secretary

Signed by:  
  
A85A33722D4143E...  
 Vincent Edward Scher  
 Vice President/Treasurer

Subscribed and sworn to before me this 6th day of February 2026

- 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.....

Louanna Stiner  
 Executive Admin Assistant  
 06/29/31



ANNUAL STATEMENT FOR THE YEAR 2025 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) .....	1,945,541,551		1,945,541,551	1,837,343,875
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	2,808,250		2,808,250	2,648,564
2.2 Common stocks .....	13,956,446		13,956,446	11,308,946
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....	283,124,226		283,124,226	257,041,284
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 (\$ .....(30,105,685) , Schedule E - Part 1), cash equivalents (\$ .....4,800,000 , Schedule E - Part 2) and short-term investments (\$ .....316,967 , Schedule DA) .....	(24,988,718)		(24,988,718)	(18,591,447)
6. Contract loans, (including \$ ..... premium notes) .....			0	0
7. Derivatives (Schedule DB) .....			0	0
8. Other invested assets (Schedule BA) .....	53,009,257	0	53,009,257	55,134,135
9. Receivables for securities .....	53,563		53,563	46,288
10. Securities lending reinvested collateral assets (Schedule DL) .....	157,680,879		157,680,879	222,378,094
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	2,431,185,453	0	2,431,185,453	2,367,309,738
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	21,654,120		21,654,120	18,674,414
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	158,335,721	2,397,332	155,938,389	211,504,860
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ .....220,407,060 earned but unbilled premiums) .....	220,407,060		220,407,060	192,357,367
15.3 Accrued retrospective premiums (\$ .....62,410,125 ) and contracts subject to redetermination (\$ .....228,258,962 ) .....	290,669,087		290,669,087	188,488,491
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	38,048,496		38,048,496	34,369,974
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....	473,893,007	49,903,899	423,989,108	405,131,175
18.1 Current federal and foreign income tax recoverable and interest thereon .....	31,737,944		31,737,944	0
18.2 Net deferred tax asset .....	99,066,603	14,088,355	84,978,248	106,710,783
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	44,281,189	44,281,189	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....			0	0
24. Health care (\$ .....83,716,464 ) and other amounts receivable .....	191,124,859	107,408,395	83,716,464	59,885,350
25. Aggregate write-ins for other-than-invested assets .....	304,992,358	25,625,868	279,366,490	278,084,937
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	4,305,395,898	243,705,038	4,061,690,860	3,862,517,090
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27)	4,305,395,898	243,705,038	4,061,690,860	3,862,517,090
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Investments in corporate owned-life insurance .....	274,887,714		274,887,714	266,374,595
2502. FEP assets held by agents .....	4,039,834		4,039,834	
2503. Other miscellaneous accounts receivable .....	2,097,437	1,658,495	438,942	377,384
2598. Summary of remaining write-ins for Line 25 from overflow page .....	23,967,373	23,967,373	0	11,332,959
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	304,992,358	25,625,868	279,366,490	278,084,937

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Community Insurance Company

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$ ..... 94,397,322 reinsurance ceded) .....	1,064,077,495	37,172,870	1,101,250,365	1,033,013,771
2. Accrued medical incentive pool and bonus amounts .....	98,686,784		98,686,784	116,398,890
3. Unpaid claims adjustment expenses.....	30,151,974		30,151,974	28,084,012
4. Aggregate health policy reserves, including the liability of \$ ..... 4,627,298 for medical loss ratio rebate per the Public Health Service Act .....	77,771,264		77,771,264	118,228,964
5. Aggregate life policy reserves.....			0	0
6. Property/casualty unearned premium reserves.....			0	0
7. Aggregate health claim reserves.....			0	0
8. Premiums received in advance.....	57,993,643		57,993,643	63,871,821
9. General expenses due or accrued.....	107,402,507		107,402,507	173,378,745
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses)) .....			0	8,432,914
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable.....	42,721,320		42,721,320	43,483,386
12. Amounts withheld or retained for the account of others.....	56,340,059		56,340,059	107,618,600
13. Remittances and items not allocated.....	21,109,322		21,109,322	55,209,530
14. Borrowed money (including \$ ..... 150,000,000 current) and interest thereon \$ ..... 110,250 (including \$ ..... 110,250 current).....	150,110,250		150,110,250	150,038,750
15. Amounts due to parent, subsidiaries and affiliates.....	230,019,908		230,019,908	134,548,753
16. Derivatives.....			0	0
17. Payable for securities.....	574,949		574,949	1,943,636
18. Payable for securities lending .....	157,680,879		157,680,879	222,378,094
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.....	161,945,249		161,945,249	150,679,477
23. Aggregate write-ins for other liabilities (including \$ ..... 60,644,371 current).....	76,005,971	0	76,005,971	76,362,957
24. Total liabilities (Lines 1 to 23).....	2,332,591,574	37,172,870	2,369,764,444	2,483,672,300
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	419,932	923,850
26. Common capital stock.....	XXX	XXX	1,142,307	1,142,307
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	395,393,523	395,393,523
29. Surplus notes.....	XXX	XXX	0	0
30. Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	1,294,970,654	981,385,111
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	1,691,926,416	1,378,844,790
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	4,061,690,860	3,862,517,090
<b>DETAILS OF WRITE-INS</b>				
2301. Other premium liability .....	43,896,884		43,896,884	40,464,151
2302. Escheat liabilities .....	20,539,843		20,539,843	27,524,315
2303. Other accrued expenses - non trade .....	11,569,243		11,569,243	8,374,492
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	76,005,971	0	76,005,971	76,362,957
2501. Deferred gain on sale-leaseback transactions .....	XXX	XXX	419,932	923,850
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	419,932	923,850
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 through 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	29,338,761	27,934,419
2. Net premium income ( including \$ ..... non-health premium income) .....	XXX	11,045,865,946	10,275,437,538
3. Change in unearned premium reserves and reserve for rate credits .....	XXX	36,172,544	26,464,205
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX	0	0
5. Risk revenue .....	XXX	0	0
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	11,082,038,490	10,301,901,743
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		6,439,660,252	6,112,016,905
10. Other professional services .....		1,018,737,031	885,340,911
11. Outside referrals .....	272,950,160	273,736,600	230,832,681
12. Emergency room and out-of-area .....	43,879,070	609,635,984	565,489,108
13. Prescription drugs .....		1,507,876,429	1,085,504,272
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....		121,913,272	209,959,420
16. Subtotal (Lines 9 to 15) .....	316,829,230	9,971,559,568	9,089,143,296
<b>Less:</b>			
17. Net reinsurance recoveries .....		50,412,662	40,073,726
18. Total hospital and medical (Lines 16 minus 17) .....	316,829,230	9,921,146,906	9,049,069,570
19. Non-health claims (net) .....			
20. Claims adjustment expenses, including \$ .....153,803,469 cost containment expenses ....		266,994,730	268,999,788
21. General administrative expenses .....		557,728,352	704,027,381
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only) .....		(58,262,143)	51,413,848
23. Total underwriting deductions (Lines 18 through 22).....	316,829,230	10,687,607,845	10,073,510,587
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	394,430,645	228,391,156
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....		129,603,315	130,744,308
26. Net realized capital gains (losses) less capital gains tax of \$ ..... 1,278,704 .....		(2,325,175)	(9,379,733)
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	127,278,140	121,364,576
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ .....2,299,445 )] .....		(2,299,445)	(1,631,707)
29. Aggregate write-ins for other income or expenses .....	0	23,546,477	30,872,231
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	542,955,817	378,996,256
31. Federal and foreign income taxes incurred .....	XXX	72,863,535	102,927,171
32. Net income (loss) (Lines 30 minus 31)	XXX	470,092,282	276,069,085
<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 through 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 through 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 through 1403 plus 1498)(Line 14 above)	0	0	0
2901. Change in cash surrender value of investment in corporate-owned life insurance .....		10,060,842	19,402,935
2902. Federal Employee Program interest income .....		9,076,215	8,135,439
2903. Miscellaneous income (expense) .....		4,409,420	3,333,856
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	23,546,477	30,872,231

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year	2 Prior Year
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year.....	1,378,844,790	1,617,516,394
34. Net income or (loss) from Line 32 .....	470,092,282	276,069,085
35. Change in valuation basis of aggregate policy and claim reserves .....		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ ..... (1,202,183) .....	(4,522,500)	(4,494,298)
37. Change in net unrealized foreign exchange capital gain or (loss) .....		
38. Change in net deferred income tax .....	(34,409,549)	31,221,451
39. Change in nonadmitted assets .....	7,425,311	(23,763,923)
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 .....	(125,000,000)	(517,200,000)
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) .....	313,081,626	(238,671,604)
49. Capital and surplus end of reporting period (Line 33 plus 48)	1,691,926,416	1,378,844,790
<b>DETAILS OF WRITE-INS</b>		
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 through 4703 plus 4798)(Line 47 above)	(503,918)	(503,918)

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Community Insurance Company

**CASH FLOW**

	1	2
	Current Year	Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	11,012,109,969	10,227,983,197
2. Net investment income .....	120,035,164	123,580,833
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	11,132,145,133	10,351,564,030
5. Benefit and loss related payments .....	9,949,041,216	8,975,646,206
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7. Commissions, expenses paid and aggregate write-ins for deductions .....	858,507,804	984,474,684
8. Dividends paid to policyholders .....		
9. Federal and foreign income taxes paid (recovered) net of \$ 1,278,704 tax on capital gains (losses) .....	114,313,097	83,244,827
10. Total (Lines 5 through 9) .....	10,921,862,117	10,043,365,716
11. Net cash from operations (Line 4 minus Line 10) .....	210,283,016	308,198,314
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	742,352,525	746,622,380
12.2 Stocks .....	21,224,691	8,225,336
12.3 Mortgage loans .....	28,914,302	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	28,520,663	4,809,551
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	(45,829)	323,588
12.7 Miscellaneous proceeds .....	66,358,388	84,885
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	887,324,739	760,065,740
13. Cost of investments acquired (long-term only exclude cash equivalents and short-term investments):		
13.1 Bonds .....	845,740,383	682,808,314
13.2 Stocks .....	24,127,478	17,942,100
13.3 Mortgage loans .....	53,970,000	45,493,528
13.4 Real estate .....	0	0
13.5 Other invested assets .....	31,833,515	7,064,884
13.6 Miscellaneous applications .....	528,132	59,980,312
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	956,199,508	813,289,138
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) .....	(68,874,769)	(53,223,398)
<b>Cash from Financing and Miscellaneous Sources</b>		
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 .....	71,500	150,038,750
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	125,000,000	517,200,000
16.6 Other cash provided (applied) .....	(22,877,018)	363,418,667
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(147,805,518)	(3,742,583)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(6,397,271)	251,232,333
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	(18,591,447)	(269,823,780)
19.2 End of year (Line 18 plus Line 19.1) .....	(24,988,718)	(18,591,447)

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

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Community Insurance Company  
**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Net premium income	11,045,865,946	719,254,671	2,053,923,235	191,957,920	30,472,840	77,502,189	1,175,831,604	4,834,862,558	1,170,794,002				791,266,927	
2. Change in unearned premium reserves and reserve for rate credit	36,172,544		10,625,795	(359,200)			(4,039,834)	44,251,547	(14,305,764)					
3. Fee-for-service (net of \$ medical expenses)	0													XXX
4. Risk revenue	0													XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	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	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	11,082,038,490	719,254,671	2,064,549,030	191,598,720	30,472,840	77,502,189	1,171,791,770	4,879,114,105	1,156,488,238	0	0	0	791,266,927	0
8. Hospital/medical benefits	6,439,660,252	387,449,463	1,027,751,708	121,206,113			1,080,290,180	3,048,897,770	530,806,642				243,258,376	XXX
9. Other professional services	1,018,737,031	34,096,827	92,409,095	32,611,041	24,659,702	34,314,594	116,879,951	368,003,729	315,762,092					XXX
10. Outside referrals	273,736,600	47,876,724	29,863,783		430,333	24,026,823	13,438,706	116,427,715	41,672,516					XXX
11. Emergency room and out-of-area	609,635,984	30,391,772	318,637,825	4,383,091			50,142,227	169,978,817	36,102,252					XXX
12. Prescription drugs	1,507,876,429	129,483,279	363,646,307	(5,258,870)			317,377,174	702,441,782	(829,022)				1,015,779	XXX
13. Aggregate write-ins for other hospital and medical incentive pool, withhold adjustments and bonus amounts	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	121,913,272	4,447,398	9,073,876		86	469	7,412,949	84,103,984	16,663,783				210,727	XXX
15. Subtotal (Lines 8 to 14)	9,971,559,568	633,745,463	1,841,382,594	152,941,375	25,090,121	58,341,886	1,585,541,187	4,489,853,797	940,178,263	0	0	0	244,484,882	XXX
16. Net reinsurance recoveries	50,412,662				2,910,445		475,696,197		4,315,063				(432,509,043)	XXX
17. Total medical and hospital (Lines 15 minus 16)	9,921,146,906	633,745,463	1,841,382,594	152,941,375	22,179,676	58,341,886	1,109,844,990	4,489,853,797	935,863,200	0	0	0	676,993,925	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$ 153,803,469 cost containment expenses	266,994,730	23,254,383	45,092,596	9,216,966	1,205,223	4,620,078	15,662,530	116,904,809	48,536,053				2,502,092	
20. General administrative expenses	557,728,352	66,651,701	129,244,373	26,417,663	3,454,410	13,242,066	44,891,935	335,072,511	139,114,015				(200,360,322)	
21. Increase in reserves for accident and health contracts	(58,262,143)			(5,035,080)				(53,227,063)						XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	10,687,607,845	723,651,547	2,015,719,563	183,540,924	26,839,309	76,204,030	1,170,399,455	4,888,604,054	1,123,513,268	0	0	0	479,135,695	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	394,430,645	(4,396,876)	48,829,467	8,057,796	3,633,531	1,298,159	1,392,315	(9,489,949)	32,974,970	0	0	0	312,131,232	0
<b>DETAILS OF WRITE-INS</b>														
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	0	0	0	0	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0603.		XXX	XXX	XXX	XXX	XXX	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	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	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	0	0	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Community Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1 - PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) individual .....	719,254,671			719,254,671
2. Comprehensive (hospital and medical) group .....	2,053,923,235			2,053,923,235
3. Medicare supplement .....	191,957,920			191,957,920
4. Vision only .....	33,652,531		3,179,691	30,472,840
5. Dental only .....	77,502,189			77,502,189
6. Federal employees health benefits plan .....	1,679,759,406		503,927,801	1,175,831,605
7. Title XVIII - Medicare .....	4,834,862,558			4,834,862,558
8. Title XIX - Medicaid .....	1,170,019,161	924,420	149,579	1,170,794,002
9. Credit A&H .....				0
10. Disability income .....				0
11. Long-term care .....				0
12. Other health .....	291,291,681	500,110,660	135,415	791,266,926
13. Health subtotal (Lines 1 through 12) .....	11,052,223,352	501,035,080	507,392,486	11,045,865,946
14. Life .....	0			0
15. Property/casualty .....	0			0
16. Totals (Lines 13 to 15)	11,052,223,352	501,035,080	507,392,486	11,045,865,946

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Community Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Payments during the year:														
1.1 Direct .....	9,848,422,986	625,904,367	1,815,975,142	147,654,400	24,576,007	58,451,842	1,539,286,204	4,474,271,763	939,487,298				222,815,963	
1.2 Reinsurance assumed .....	426,337,248								3,660,644				422,676,604	
1.3 Reinsurance ceded .....	465,344,399				2,599,204		459,588,249		3,094,707				62,239	
1.4 Net .....	9,809,415,835	625,904,367	1,815,975,142	147,654,400	21,976,803	58,451,842	1,079,697,955	4,474,271,763	940,053,235	0	0	0	645,430,328	0
2. Paid medical incentive pools and bonuses .....	139,625,378	5,295,547	9,616,927				7,709,601	102,689,941	14,095,957				217,405	
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct .....	1,128,959,216	83,130,902	214,012,746	16,871,928	1,818,747	4,563,709	305,920,879	340,969,702	108,448,533	0	0	0	53,222,070	0
3.2 Reinsurance assumed .....	66,688,471	0	0	0	0	0	0	0	1,086,985	0	0	0	65,601,486	0
3.3 Reinsurance ceded .....	94,397,322	0	0	0	378,215	0	91,774,522	0	2,157,849	0	0	0	86,736	0
3.4 Net .....	1,101,250,365	83,130,902	214,012,746	16,871,928	1,440,532	4,563,709	214,146,357	340,969,702	107,377,669	0	0	0	118,736,820	0
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct .....	0													
4.2 Reinsurance assumed .....	0													
4.3 Reinsurance ceded .....	0													
4.4 Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year .....	98,686,784	1,658,808	974,680		145	792	1,241,099	79,201,082	15,610,178					
6. Net health care receivables (a) .....	74,740,276	4,922,566	7,264,288	(5,117,541)	2,201	7,782	2,879,884	55,754,677	8,443,583				582,836	
7. Amounts recoverable from reinsurers December 31, current year .....	38,048,495				373,881		37,663,662						10,952	
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct .....	1,052,995,631	74,814,639	190,414,882	16,702,494	1,302,518	4,666,353	264,198,961	353,736,975	115,977,767	0	0	0	31,181,042	0
8.2 Reinsurance assumed .....	61,688,669	0	0	0	0	0	0	0	5,987,320	0	0	0	55,701,349	0
8.3 Reinsurance ceded .....	81,670,529	0	0	0	184,687	0	79,233,853	0	2,177,183	0	0	0	74,805	0
8.4 Net .....	1,033,013,771	74,814,639	190,414,882	16,702,494	1,117,831	4,666,353	184,965,108	353,736,975	119,787,905	0	0	0	86,807,586	0
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct .....	0													
9.2 Reinsurance assumed .....	0													
9.3 Reinsurance ceded .....	0													
9.4 Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year .....	116,398,888	2,506,957	1,517,731		59	323	1,537,751	97,787,039	13,042,351				6,677	
11. Amounts recoverable from reinsurers December 31, prior year .....	34,369,974				256,168		34,096,383						17,423	
12. Incurred Benefits:														
12.1 Direct .....	9,849,646,295	629,298,065	1,832,308,718	152,941,375	25,090,035	58,341,416	1,578,128,238	4,405,749,813	923,514,481	0	0	0	244,274,155	0
12.2 Reinsurance assumed .....	431,337,050	0	0	0	0	0	0	0	(1,239,691)	0	0	0	432,576,741	0
12.3 Reinsurance ceded .....	481,749,713	0	0	0	2,910,445	0	475,696,197	0	3,075,373	0	0	0	67,699	0
12.4 Net .....	9,799,233,632	629,298,065	1,832,308,718	152,941,375	22,179,590	58,341,416	1,102,432,041	4,405,749,813	919,199,416	0	0	0	676,783,197	0
13. Incurred medical incentive pools and bonuses .....	121,913,274	4,447,398	9,073,876	0	86	469	7,412,949	84,103,984	16,663,784	0	0	0	210,728	0

(a) Excludes \$ 393,828 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Community Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
1. Reported in Process of Adjustment:														
1.1 Direct .....	296,764,767	14,317,754	45,154,182	2,777,888	176,676	2,013,784	52,655,945	149,496,341	30,204,937				(32,740)	
1.2 Reinsurance assumed .....	7,867,605								483,014				7,384,591	
1.3 Reinsurance ceded .....	16,753,966						15,795,042		958,864				60	
1.4 Net .....	287,878,406	14,317,754	45,154,182	2,777,888	176,676	2,013,784	36,860,903	149,496,341	29,729,087	0	0	0	7,351,791	0
2. Incurred but Unreported:														
2.1 Direct .....	832,194,449	68,813,148	168,858,564	14,094,040	1,642,071	2,549,925	253,264,934	191,473,361	78,243,596				53,254,810	
2.2 Reinsurance assumed .....	58,820,866								603,971				58,216,895	
2.3 Reinsurance ceded .....	77,643,356				378,215		75,979,480		1,198,985				86,676	
2.4 Net .....	813,371,959	68,813,148	168,858,564	14,094,040	1,263,856	2,549,925	177,285,454	191,473,361	77,648,582	0	0	0	111,385,029	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	0	0	0	0
4. TOTALS:														
4.1 Direct .....	1,128,959,216	83,130,902	214,012,746	16,871,928	1,818,747	4,563,709	305,920,879	340,969,702	108,448,533	0	0	0	53,222,070	0
4.2 Reinsurance assumed .....	66,688,471	0	0	0	0	0	0	0	1,086,985	0	0	0	65,601,486	0
4.3 Reinsurance ceded .....	94,397,322	0	0	0	378,215	0	91,774,522	0	2,157,849	0	0	0	86,736	0
4.4 Net .....	1,101,250,365	83,130,902	214,012,746	16,871,928	1,440,532	4,563,709	214,146,357	340,969,702	107,377,669	0	0	0	118,736,820	0

ANNUAL STATEMENT FOR THE YEAR 2025 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 Claims Incurred In Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	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		
1. Comprehensive (hospital and medical) individual .....	52,993,257	572,911,111	6,458,291	76,672,612	59,451,548	74,814,638
2. Comprehensive (hospital and medical) group .....	145,217,764	1,670,757,378	10,884,245	203,128,501	156,102,009	190,414,882
3. Medicare supplement .....	11,300,259	136,354,141	35,886	16,836,042	11,336,145	16,702,494
4. Vision only .....	1,089,053	20,770,037	17,957	1,422,574	1,107,010	1,117,831
5. Dental only .....	4,262,842	54,189,001	128,195	4,435,515	4,391,037	4,666,353
6. Federal employees health benefits plan .....	166,537,068	909,593,608	14,658,684	199,487,672	181,195,752	184,965,108
7. Title XVIII - Medicare .....	259,203,020	4,215,068,743	3,023,647	337,946,056	262,226,667	353,736,975
8. Title XIX - Medicaid .....	42,757,575	897,295,660	8,542,454	98,835,215	51,300,029	119,787,905
9. Credit A&H .....					0	0
10. Disability income .....					0	0
11. Long-term care .....					0	0
12. Other health .....	68,418,497	577,018,302	5,777,864	112,958,956	74,196,361	86,807,586
13. Health subtotal (Lines 1 to 12) .....	751,779,335	9,053,957,981	49,527,223	1,051,723,143	801,306,558	1,033,013,772
14. Health care receivables (a) .....	32,286,856	158,444,175			32,286,856	115,990,755
15. Other non-health .....					0	0
16. Medical incentive pools and bonus amounts .....	26,016,445	113,608,934	26,156,283	72,530,501	52,172,728	116,398,890
17. Totals (Lines 13 - 14 + 15 + 16)	745,508,924	9,009,122,740	75,683,506	1,124,253,644	821,192,430	1,033,421,907

(a) Excludes \$ 393,828 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Community Insurance Company

**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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior .....	168,151	180,601	178,164	178,453	178,453
2. 2021 .....	1,820,388	2,037,523	2,040,123	2,041,779	2,041,819
3. 2022 .....	XXX	1,918,161	2,076,443	2,088,621	2,089,930
4. 2023 .....	XXX	XXX	1,798,486	1,956,597	1,967,093
5. 2024 .....	XXX	XXX	XXX	1,999,258	2,183,839
6. 2025 .....	XXX	XXX	XXX	XXX	2,213,320

**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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior .....	176,776	181,700	178,251	178,689	178,453
2. 2021 .....	2,053,276	2,050,578	2,040,671	2,041,941	2,042,008
3. 2022 .....	XXX	2,203,673	2,087,828	2,090,327	2,089,865
4. 2023 .....	XXX	XXX	2,023,998	1,972,893	1,969,072
5. 2024 .....	XXX	XXX	XXX	2,250,113	2,199,628
6. 2025 .....	XXX	XXX	XXX	XXX	2,495,206

**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. 2021 .....	2,355,049	2,041,819	91,788	4.5	2,133,607	90.6	189	0	2,133,796	90.6
2. 2022 .....	2,505,138	2,089,930	67,884	3.2	2,157,814	86.1	(65)	0	2,157,749	86.1
3. 2023 .....	2,396,735	1,967,093	71,180	3.6	2,038,273	85.0	1,979	71	2,040,323	85.1
4. 2024 .....	2,618,440	2,183,839	65,817	3.0	2,249,656	85.9	15,789	587	2,266,032	86.5
5. 2025 .....	2,783,804	2,213,320	58,639	2.6	2,271,959	81.6	281,886	7,818	2,561,663	92.0

12.HM

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Community Insurance Company

**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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior .....	10,302	10,161	10,054	10,053	10,053
2. 2021 .....	106,334	117,710	117,946	117,882	117,837
3. 2022 .....	XXX	111,775	126,404	126,320	126,294
4. 2023 .....	XXX	XXX	120,357	132,669	132,812
5. 2024 .....	XXX	XXX	XXX	126,337	138,823
6. 2025 .....	XXX	XXX	XXX	XXX	137,797

**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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior .....	10,655	10,161	10,054	10,054	10,053
2. 2021 .....	119,102	117,722	117,909	117,873	117,836
3. 2022 .....	XXX	128,241	126,462	126,282	126,292
4. 2023 .....	XXX	XXX	134,606	132,662	132,796
5. 2024 .....	XXX	XXX	XXX	143,093	138,879
6. 2025 .....	XXX	XXX	XXX	XXX	154,633

**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. 2021 .....	159,689	117,837	13,218	11.2	131,055	82.1	(1)	0	131,054	82.1
2. 2022 .....	165,695	126,294	10,203	8.1	136,497	82.4	(2)	0	136,495	82.4
3. 2023 .....	171,894	132,812	10,272	7.7	143,084	83.2	(16)	0	143,068	83.2
4. 2024 .....	179,920	138,823	9,785	7.0	148,608	82.6	56	2	148,666	82.6
5. 2025 .....	191,599	137,797	7,998	5.8	145,795	76.1	16,836	489	163,120	85.1

12.MS

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Community Insurance Company

**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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior .....	4,293	4,378	4,393	4,396	4,396
2. 2021 .....	53,456	57,254	57,352	57,359	57,361
3. 2022 .....	XXX	58,874	62,183	62,253	62,255
4. 2023 .....	XXX	XXX	54,687	57,411	57,499
5. 2024 .....	XXX	XXX	XXX	53,085	57,250
6. 2025 .....	XXX	XXX	XXX	XXX	54,170

**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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior .....	4,398	4,393	4,392	4,396	4,396
2. 2021 .....	57,801	57,392	57,370	57,359	57,361
3. 2022 .....	XXX	63,192	62,325	62,262	62,255
4. 2023 .....	XXX	XXX	58,263	57,508	57,504
5. 2024 .....	XXX	XXX	XXX	57,645	57,373
6. 2025 .....	XXX	XXX	XXX	XXX	58,606

**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. 2021 .....	74,521	57,361	6,925	12.1	64,286	86.3	0	0	64,286	86.3
2. 2022 .....	80,082	62,255	5,848	9.4	68,103	85.0	0	0	68,103	85.0
3. 2023 .....	72,980	57,499	5,264	9.2	62,763	86.0	5	0	62,768	86.0
4. 2024 .....	74,016	57,250	4,604	8.0	61,854	83.6	123	3	61,980	83.7
5. 2025 .....	77,502	54,170	4,023	7.4	58,193	75.1	4,436	97	62,726	80.9

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Community Insurance Company

**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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior .....	613	606	609	622	622
2. 2021 .....	13,346	14,097	14,098	14,094	14,094
3. 2022 .....	XXX	14,282	15,419	15,398	15,398
4. 2023 .....	XXX	XXX	16,503	17,465	17,503
5. 2024 .....	XXX	XXX	XXX	19,407	20,457
6. 2025 .....	XXX	XXX	XXX	XXX	20,768

**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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior .....	614	606	609	622	622
2. 2021 .....	14,284	14,097	14,098	14,094	14,094
3. 2022 .....	XXX	15,224	15,421	15,398	15,398
4. 2023 .....	XXX	XXX	17,638	17,466	17,504
5. 2024 .....	XXX	XXX	XXX	20,524	20,474
6. 2025 .....	XXX	XXX	XXX	XXX	22,191

**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. 2021 .....	23,412	14,094	1,731	12.3	15,825	67.6	0	0	15,825	67.6
2. 2022 .....	23,931	15,398	1,332	8.7	16,730	69.9	0	0	16,730	69.9
3. 2023 .....	26,575	17,503	1,187	6.8	18,690	70.3	1	0	18,691	70.3
4. 2024 .....	28,955	20,457	1,116	5.5	21,573	74.5	17	0	21,590	74.6
5. 2025 .....	30,473	20,768	1,054	5.1	21,822	71.6	1,423	39	23,284	76.4

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Community Insurance Company

**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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior .....	83,444	86,794	88,339	89,011	89,011
2. 2021 .....	769,691	902,229	907,301	909,043	910,074
3. 2022 .....	XXX	762,329	893,885	897,899	899,872
4. 2023 .....	XXX	XXX	840,216	965,549	973,816
5. 2024 .....	XXX	XXX	XXX	922,725	1,077,680
6. 2025 .....	XXX	XXX	XXX	XXX	912,095

**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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior .....	83,627	86,717	88,828	89,023	89,011
2. 2021 .....	895,871	903,292	908,444	909,085	910,017
3. 2022 .....	XXX	887,408	896,901	898,883	899,832
4. 2023 .....	XXX	XXX	977,475	971,086	976,080
5. 2024 .....	XXX	XXX	XXX	1,102,653	1,090,537
6. 2025 .....	XXX	XXX	XXX	XXX	1,112,458

**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. 2021 .....	943,730	910,074	17,112	1.9	927,186	98.2	(57)	(1)	927,128	98.2
2. 2022 .....	948,371	899,872	13,793	1.5	913,665	96.3	(40)	(1)	913,624	96.3
3. 2023 .....	1,048,943	973,816	14,903	1.5	988,719	94.3	2,264	54	991,037	94.5
4. 2024 .....	1,163,451	1,077,680	14,666	1.4	1,092,346	93.9	12,857	298	1,105,501	95.0
5. 2025 .....	1,171,792	912,095	12,615	1.4	924,710	78.9	200,363	4,762	1,129,835	96.4

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Community Insurance Company

**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 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior .....	249,617	260,370	258,871	259,361	259,361
2.	2021 .....	2,548,449	2,748,732	2,764,347	2,761,818	2,757,431
3.	2022 .....	XXX	3,003,072	3,179,457	3,186,581	3,186,272
4.	2023 .....	XXX	XXX	3,357,567	3,638,756	3,642,453
5.	2024 .....	XXX	XXX	XXX	3,607,623	3,866,906
6.	2025 .....	XXX	XXX	XXX	XXX	4,192,343

**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 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior .....	258,378	258,814	258,825	260,246	259,361
2.	2021 .....	2,830,551	2,755,038	2,765,225	2,761,858	2,766,246
3.	2022 .....	XXX	3,365,664	3,206,682	3,190,377	3,187,620
4.	2023 .....	XXX	XXX	3,742,786	3,653,287	3,640,698
5.	2024 .....	XXX	XXX	XXX	4,039,896	3,886,763
6.	2025 .....	XXX	XXX	XXX	XXX	4,584,248

**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. 2021 .....	3,182,183	2,757,431	156,914	5.7	2,914,345	91.6	8,815	268	2,923,428	91.9
2. 2022 .....	3,845,992	3,186,272	138,321	4.3	3,324,593	86.4	1,348	22	3,325,963	86.5
3. 2023 .....	4,141,615	3,642,453	135,127	3.7	3,777,580	91.2	(1,755)	(145)	3,775,680	91.2
4. 2024 .....	4,362,488	3,866,906	119,558	3.1	3,986,464	91.4	19,857	(54)	4,006,267	91.8
5. 2025 .....	4,879,114	4,192,343	102,356	2.4	4,294,699	88.0	391,905	10,274	4,696,878	96.3

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Community Insurance Company

**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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior .....	5,089	212	104	225	225
2. 2021 .....	35,412	44,387	44,023	44,029	44,029
3. 2022 .....	XXX	1,010,977	1,119,839	1,121,815	1,121,815
4. 2023 .....	XXX	XXX	819,041	961,320	947,563
5. 2024 .....	XXX	XXX	XXX	819,125	871,003
6. 2025 .....	XXX	XXX	XXX	XXX	905,620

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 2021	2 2022	3 2023	4 2024	5 2025
1. Prior .....	5,940	212	104	232	225
2. 2021 .....	38,042	44,282	44,023	44,029	44,030
3. 2022 .....	XXX	1,182,686	1,124,577	1,121,815	1,121,815
4. 2023 .....	XXX	XXX	994,112	969,767	949,930
5. 2024 .....	XXX	XXX	XXX	943,502	877,177
6. 2025 .....	XXX	XXX	XXX	XXX	1,020,065

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. 2021 .....	47,130	44,029	8,337	18.9	52,366	111.1	1	0	52,367	111.1
2. 2022 .....	1,404,019	1,121,815	61,382	5.5	1,183,197	84.3	0	0	1,183,197	84.3
3. 2023 .....	1,305,647	947,563	45,975	4.9	993,538	76.1	2,367	64	995,969	76.3
4. 2024 .....	1,159,857	871,003	47,593	5.5	918,596	79.2	6,174	168	924,938	79.7
5. 2025 .....	1,156,488	905,620	42,940	4.7	948,560	82.0	114,445	2,683	1,065,688	92.1

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Community Insurance Company

**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 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior .....	48,794	49,044	46,745	45,722	45,722
2.	2021 .....	422,998	484,535	481,022	481,224	481,028
3.	2022 .....	XXX	524,558	537,242	539,848	539,013
4.	2023 .....	XXX	XXX	496,724	561,542	559,734
5.	2024 .....	XXX	XXX	XXX	497,589	568,974
6.	2025 .....	XXX	XXX	XXX	XXX	573,010

**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 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior .....	49,336	49,205	47,327	45,722	45,722
2.	2021 .....	492,919	487,944	481,395	481,149	481,028
3.	2022 .....	XXX	608,433	539,188	540,365	538,971
4.	2023 .....	XXX	XXX	568,438	562,333	563,253
5.	2024 .....	XXX	XXX	XXX	583,171	571,275
6.	2025 .....	XXX	XXX	XXX	XXX	685,969

**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. 2021 .....	235,887	481,028	19,546	4.1	500,574	212.2	0	(1)	500,573	212.2
2. 2022 .....	244,956	539,013	1,716	0.3	540,729	220.7	(42)	(3)	540,684	220.7
3. 2023 .....	687,413	559,734	282	0.1	560,016	81.5	3,519	(8)	563,527	82.0
4. 2024 .....	714,775	568,974	1,432	0.3	570,406	79.8	2,301	293	573,000	80.2
5. 2025 .....	791,267	573,010	1,573	0.3	574,583	72.6	112,959	2,373	689,915	87.2

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Community Insurance Company

**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 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior .....	570,303	592,166	587,279	587,843	587,843
2.	2021 .....	5,770,074	6,406,467	6,426,212	6,427,228	6,423,673
3.	2022 .....	XXX	7,404,028	8,010,872	8,038,735	8,040,849
4.	2023 .....	XXX	XXX	7,503,581	8,291,309	8,298,473
5.	2024 .....	XXX	XXX	XXX	8,045,149	8,784,932
6.	2025 .....	XXX	XXX	XXX	XXX	9,009,123

**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 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior .....	589,724	591,808	588,390	588,984	587,843
2.	2021 .....	6,501,846	6,430,345	6,429,135	6,427,388	6,432,620
3.	2022 .....	XXX	8,454,521	8,059,384	8,045,709	8,042,048
4.	2023 .....	XXX	XXX	8,517,316	8,337,002	8,306,837
5.	2024 .....	XXX	XXX	XXX	9,140,597	8,842,106
6.	2025 .....	XXX	XXX	XXX	XXX	10,133,376

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

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. 2021 .....	7,021,601	6,423,673	315,571	4.9	6,739,244	96.0	8,947	266	6,748,457	96.1
2. 2022 .....	9,218,184	8,040,849	300,479	3.7	8,341,328	90.5	1,199	18	8,342,545	90.5
3. 2023 .....	9,851,802	8,298,473	284,190	3.4	8,582,663	87.1	8,364	36	8,591,063	87.2
4. 2024 .....	10,301,902	8,784,932	264,571	3.0	9,049,503	87.8	57,174	1,297	9,107,974	88.4
5. 2025 .....	11,082,039	9,009,123	231,198	2.6	9,240,321	83.4	1,124,253	28,535	10,393,109	93.8

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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Community Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
1. Unearned premium reserves .....	6,401,605			6,401,605									
2. Additional policy reserves (a) .....	7,373,395			7,373,395									
3. Reserve for future contingent benefits .....	0												
4. Reserve for rate credits or experience rating refunds (including \$ ..... for investment income) ..	42,540,451	600,214	6,386,871	6,020			5,771,192		29,776,154				
5. Aggregate write-ins for other policy reserves .....	23,187,171	20,519,151	1,127,258	0	0	0	0	1,540,762	0	0	0	0	0
6. Totals (gross) .....	79,502,622	21,119,365	7,514,129	13,781,020	0	0	5,771,192	1,540,762	29,776,154	0	0	0	0
7. Reinsurance ceded .....	1,731,358						1,731,358						
8. Totals (Net)(Page 3, Line 4) .....	77,771,264	21,119,365	7,514,129	13,781,020	0	0	4,039,834	1,540,762	29,776,154	0	0	0	0
9. Present value of amounts not yet due on claims .....	0												
10. Reserve for future contingent benefits .....	0												
11. Aggregate write-ins for other claim reserves .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals (gross) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded .....	0												
14. Totals (Net)(Page 3, Line 7)	0	0	0	0	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS													
0501. Policy reserves subject to redetermination .....	23,187,171	20,519,151	1,127,258					1,540,762					
0502. ....													
0503. ....													
0598. Summary of remaining write-ins for Line 5 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	23,187,171	20,519,151	1,127,258	0	0	0	0	1,540,762	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	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Community Insurance Company  
**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ ..... for occupancy of own building) .....	1,662,147	2,312,235	(336,594)		3,637,788
2. Salary, wages and other benefits .....	102,080,725	70,665,959	455,057,919		627,804,603
3. Commissions (less \$ ..... ceded plus \$ ..... assumed) .....	0		257,824,428		257,824,428
4. Legal fees and expenses .....	16,159	659,924	13,789,736		14,465,819
5. Certifications and accreditation fees .....	0		0		0
6. Auditing, actuarial and other consulting services ...	8,689,153	2,093,490	64,283,493		75,066,136
7. Traveling expenses .....	97,420	38,901	2,123,726		2,260,047
8. Marketing and advertising .....	1,176,535	532,526	39,965,140		41,674,201
9. Postage, express and telephone .....	946,736	1,396,622	21,083,106		23,426,464
10. Printing and office supplies .....	260,481	10,727	3,482,071		3,753,279
11. Occupancy, depreciation and amortization .....	0		0		0
12. Equipment .....	773	1,967	1,551,689		1,554,429
13. Cost or depreciation of EDP equipment and software .....	5,597,682	954,101	71,828,254		78,380,037
14. Outsourced services including EDP, claims, and other services .....	26,971,944	12,469,096	187,686,606		227,127,646
15. Boards, bureaus and association fees .....	29,209	2,360	2,955,538		2,987,107
16. Insurance, except on real estate .....	0		2,690,218		2,690,218
17. Collection and bank service charges .....	253		3,774,848		3,775,101
18. Group service and administration fees .....	0	3,177,580	72,096,171		75,273,751
19. Reimbursements by uninsured plans .....	0		(813,029,682)		(813,029,682)
20. Reimbursements from fiscal intermediaries .....	0		0		0
21. Real estate expenses .....	(35)	262	6,606,727		6,606,954
22. Real estate taxes .....	0		362,446		362,446
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....	(4,125,352)	(2,176,935)	90,029,802		83,727,515
23.2 State premium taxes .....	0		43,524,418		43,524,418
23.3 Regulatory authority licenses and fees .....	125,306	7,264	702,694		835,264
23.4 Payroll taxes .....	10,037,809	6,446,171	19,913,566		36,397,546
23.5 Other (excluding federal income and real estate taxes) .....	0		3,485,658		3,485,658
24. Investment expenses not included elsewhere .....	0		0	3,333,707	3,333,707
25. Aggregate write-ins for expenses .....	236,524	14,599,011	6,276,374	0	21,111,909
26. Total expenses incurred (Lines 1 to 25) .....	153,803,469	113,191,261	557,728,352	3,333,707	(a) 828,056,789
27. Less expenses unpaid December 31, current year .....		30,151,974	107,402,507		137,554,481
28. Add expenses unpaid December 31, prior year .....		28,084,012	173,378,745		201,462,757
29. Amounts receivable relating to uninsured plans, prior year .....			472,986,591		472,986,591
30. Amounts receivable relating to uninsured plans, current year .....			473,893,007		473,893,007
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	153,803,469	111,123,299	624,611,006	3,333,707	892,871,481
<b>DETAILS OF WRITE-INS</b>					
2501. Miscellaneous expenses .....	236,524	14,599,011	6,276,374		21,111,909
2502. ....					
2503. ....					
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	236,524	14,599,011	6,276,374	0	21,111,909

(a) Includes management fees of \$ ..... 1,134,544,168 to affiliates and \$ ..... to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Community Insurance Company

**EXHIBIT OF NET INVESTMENT INCOME**

		1	2
		Collected During Year	Earned During Year
1.	U.S. government bonds .....	(a) .....6,037,841	..... 6,133,935
1.1	Bonds exempt from U.S. tax .....	(a) .....	.....
1.2	Other bonds (unaffiliated) .....	(a) .....94,595,936	..... 96,496,726
1.3	Bonds of affiliates .....	(a) .....0	.....0
2.1	Preferred stocks (unaffiliated) .....	(b) .....171,279	..... 171,279
2.11	Preferred stocks of affiliates .....	(b) .....0	.....0
2.2	Common stocks (unaffiliated) .....	.....750,392	..... 750,392
2.21	Common stocks of affiliates .....	.....0	.....0
3.	Mortgage loans .....	(c) .....15,108,660	..... 15,281,570
4.	Real estate .....	(d) .....0	.....0
5	Contract Loans .....	.....0	.....0
6	Cash, cash equivalents and short-term investments .....	(e) .....11,174,798	..... 11,979,698
7	Derivative instruments .....	(f) .....0	.....0
8.	Other invested assets .....	.....6,198,317	..... 6,198,317
9.	Aggregate write-ins for investment income .....	(864,579)	(871,201)
10.	Total gross investment income .....	133,172,644	136,140,716
11.	Investment expenses .....		(g) .....3,333,707
12.	Investment taxes, licenses and fees, excluding federal income taxes .....		(g) .....0
13.	Interest expense .....		(h) .....3,203,694
14.	Depreciation on real estate and other invested assets .....		(i) .....0
15.	Aggregate write-ins for deductions from investment income .....		.....0
16.	Total deductions (Lines 11 through 15) .....		.....6,537,401
17.	Net investment income (Line 10 minus Line 16)		129,603,315
<b>DETAILS OF WRITE-INS</b>			
0901.	Miscellaneous Income (expense) .....	(1,278,800)	(1,278,800)
0902.	Securities Lending .....	414,221	407,599
0903.	.....		
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)	(864,579)	(871,201)
1501.	.....		
1502.	.....		
1503.	.....		
1598.	Summary of remaining write-ins for Line 15 from overflow page .....		0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ ..... 6,999,515 accrual of discount less \$ ..... 464,324 amortization of premium and less \$ ..... 3,194,950 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 \$ ..... 0 accrual of discount less \$ ..... 0 amortization of premium and less \$ ..... 0 paid for accrued interest on purchases.
- (d) Includes \$ ..... 0 for company's occupancy of its own buildings; and excludes \$ ..... 0 interest on encumbrances.
- (e) Includes \$ ..... 88,806 accrual of discount less \$ ..... 0 amortization of premium and less \$ ..... 0 paid for accrued interest on purchases.
- (f) Includes \$ ..... 0 accrual of discount less \$ ..... 0 amortization of premium.
- (g) Includes \$ ..... 0 investment expenses and \$ ..... 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ ..... 0 interest on surplus notes and \$ ..... 0 interest on capital notes.
- (i) Includes \$ ..... 0 depreciation on real estate and \$ ..... 0 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 .....	(957,996)	0	(957,996)	0	0
1.1	Bonds exempt from U.S. tax .....	0	0	0	0	0
1.2	Other bonds (unaffiliated) .....	(63,423)	(362,256)	(425,679)	(341,699)	0
1.3	Bonds of affiliates .....	0	0	0	0	0
2.1	Preferred stocks (unaffiliated) .....	(5,412)	0	(5,412)	(40,314)	0
2.11	Preferred stocks of affiliates .....	0	0	0	0	0
2.2	Common stocks (unaffiliated) .....	35,667	(195,809)	(160,142)	110,267	0
2.21	Common stocks of affiliates .....	0	0	0	0	0
3.	Mortgage loans .....	0	0	0	0	0
4.	Real estate .....	0	0	0	0	0
5.	Contract loans .....	0	0	0	0	0
6.	Cash, cash equivalents and short-term investments .....	(1,161)	1	(1,160)	(44,668)	0
7.	Derivative instruments .....	0	0	0	0	0
8.	Other invested assets .....	0	0	0	(5,437,730)	0
9.	Aggregate write-ins for capital gains (losses) .....	0	503,918	503,918	29,461	0
10.	Total capital gains (losses)	(992,325)	(54,146)	(1,046,471)	(5,724,683)	0
<b>DETAILS OF WRITE-INS</b>						
0901.	Gain on sale-leaseback activity .....		503,918	503,918		
0902.	Unrealized adjustment for bonds .....			0	29,461	
0903.	.....					
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)	0	503,918	503,918	29,461	0

ANNUAL STATEMENT FOR THE YEAR 2025 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 .....		1,027,244	1,027,244
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	0	0
9. Receivables for securities .....		818,369	818,369
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	1,845,613	1,845,613
13. Title plants (for Title insurers only) .....			0
14. Investment income due and accrued .....		11,633	11,633
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....	2,397,332	8,263	(2,389,069)
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 .....	49,903,899	67,855,416	17,951,517
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0
18.2 Net deferred tax asset .....	14,088,355	25,563,186	11,474,831
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 .....	44,281,189	50,433,687	6,152,498
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 .....	107,408,395	56,893,060	(50,515,335)
25. Aggregate write-ins for other-than-invested assets .....	25,625,868	48,519,491	22,893,623
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	243,705,038	251,130,349	7,425,311
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0
28. Total (Lines 26 and 27)	243,705,038	251,130,349	7,425,311
<b>DETAILS OF WRITE-INS</b>			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0
2501. Intangibles .....	10,221,315	27,584,694	17,363,379
2502. Prepaid expenses .....	13,746,058	17,127,453	3,381,395
2503. Other miscellaneous accounts receivable .....	1,658,495	3,807,344	2,148,849
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	25,625,868	48,519,491	22,893,623

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Community Insurance Company

**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 .....	579,095	604,419	593,567	592,726	576,798	7,157,908
2. Provider Service Organizations .....						
3. Preferred Provider Organizations .....	1,344,116	1,394,534	1,394,051	1,412,372	1,402,804	16,832,043
4. Point of Service .....	1,882	1,857	1,811	1,846	1,833	22,073
5. Indemnity Only .....	76,321	78,729	78,617	79,078	79,048	946,793
6. Aggregate write-ins for other lines of business.....	328,493	361,415	363,451	365,839	365,891	4,379,944
7. Total	2,329,907	2,440,954	2,431,497	2,451,861	2,426,374	29,338,761
<b>DETAILS OF WRITE-INS</b>						
0601. Consumer Driven Health Plans .....	317,990	348,400	350,670	352,703	352,719	4,223,461
0602. Supplemental Health Products .....	10,503	13,015	12,781	13,136	13,172	156,483
0603. ....						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	328,493	361,415	363,451	365,839	365,891	4,379,944

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”). The Company employed no permitted practices in preparing the accompanying statutory financial statements.

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:

	<u>SSAP #</u>	<u>F/S Page</u>	<u>F/S Line #</u>	<u>2025</u>	<u>2024</u>
<b><u>Net Income</u></b>					
(1) Community Insurance Company state basis (Page 4, Line 32, Columns 2 & 3)	<u>XXX</u>	<u>XXX</u>	<u>XXX</u>	<u>\$ 470,092,282</u>	<u>\$ 276,069,085</u>
(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)	<u>XXX</u>	<u>XXX</u>	<u>XXX</u>	<u>\$ 470,092,282</u>	<u>\$ 276,069,085</u>
<b><u>Surplus</u></b>					
(5) Community Insurance Company state basis (Page 3, Line 33, Columns 3 & 4)	<u>XXX</u>	<u>XXX</u>	<u>XXX</u>	<u>\$1,691,926,416</u>	<u>\$1,378,844,790</u>
(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)	<u>XXX</u>	<u>XXX</u>	<u>XXX</u>	<u>\$1,691,926,416</u>	<u>\$1,378,844,790</u>

**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

## NOTES TO FINANCIAL STATEMENTS

the Department or the Center for Medicare and Medicaid Services. Expenses incurred in connection with acquiring new 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.

The Company provides administrative services to various customers on an uninsured basis. Under these arrangements, the customer retains the risk of funding payments for health benefits provided, and the Company may be subject to credit risk of the customer from the time of the Company's claim payment until the Company receives the claim reimbursement. In accordance with SSAP No. 47, *Uninsured Plans*, these claims payments and subsequent reimbursements are excluded from the Company's statutory statement of revenue and expenses. Administrative fees for administering these arrangements are recognized as administrative services are performed and recorded as a reduction to general administrative expenses.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments include investments, not backed by other loans, 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, and all other redeemable preferred stock are reported at lower of cost, amortized cost or fair value. Perpetual preferred stocks are carried at fair value, not to exceed any currently effective call prices.
- (5) Investments in residual tranche securities are reported under a practical expedient at book/adjusted carrying value ("BACV") in accordance with SSAP No. 21, *Other Admitted Assets*. Distributions received are treated as a reduction to BACV, with any received in excess of BACV recognized as interest income. These securities are reported as other invested assets on Schedule BA.
- (6) Mortgage loans held for investment are reported on the balance sheet at their amortized cost basis, which is the amount at which the loan is originated, adjusted for accrued interest, amortization of premium, discount and net deferred fees or costs, collection of cash, and write-offs.
- (7) Asset-backed securities are stated at amortized cost. Prepayment assumptions for asset-backed 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 asset-backed securities. Non-investment grade asset-backed securities are stated at the lower of amortized cost or fair value.
- (8) The Company has no investments in subsidiaries, controlled and affiliated companies.
- (9) 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 in unassigned surplus.
- (10) The Company has no derivative instruments.

NOTES TO FINANCIAL STATEMENTS

- (11) The Company recognizes losses from other-than-temporary impairments (“OTTI”) of investments in accordance with Statements of Standard Accounting Practice (“SSAP”) No. 26, *Bonds*; and SSAP No. 30, *Common Stock*; and SSAP No. 32, *Preferred Stock*.
- (12) The Company does not anticipate investment income as a factor in premium deficiency calculations.
- (13) 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.
- (14) The Company has not modified its capitalization policy from the prior period.
- (15) An accounting policy election has been made to disregard corporate AMT when evaluating the need for a valuation allowance for its regular tax deferred tax assets.
- (16) 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.
- (17) 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.
- (18) 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.
- (19) The Company sells policies where premiums vary based on loss experience or premium stabilization programs. Retrospectively rated refunds include minimum medical loss ratio (“MLR”) rebates per the Affordable Care Act (“ACA”). Risk adjustment programs transfer premiums from insurers that enroll members with relatively lower health risks to insurers that enroll members with relatively higher health risks. Reserves for rate credits, risk adjustment programs or policy rating refunds are reported in aggregate policy reserves. Accrued retrospective premiums are reported in premiums receivable.
- (20) 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.
- (21) 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.
- (22) 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.

NOTES TO FINANCIAL STATEMENTS

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

The residual tranche securities were previously reported at the lower of cost or fair value. On January 1, 2025, the Company elected to follow the practical expedient method for the residual tranche bonds or preferred stocks.

**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.

**E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill**

Not applicable.

**4. Discontinued Operations**

The Company had no operations that were discontinued during 2025 or 2024.

**5. Investments**

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

(1) The maximum and minimum lending rates for mortgage loans during 2025 were:

Farm loans 0.0% and 0.0%, City loans 0.0% and 0.0%, Purchase money mortgages 6.9% and 3.8%.

(2) The maximum percentage of any one loan to the value of security at the time of the loan, exclusive of insured or guaranteed or purchase money mortgages was: 79.6%

	<u>Current Year</u>	<u>Prior Year</u>
(3) Taxes, assessments and any amounts advanced and not included in the mortgage loan total:	\$ —	\$ —

NOTES TO FINANCIAL STATEMENTS

(4) Age Analysis of Mortgage Loans and Identification of Mortgage Loans in Which the Insurer is Participant or Co-lender in a Mortgage Loan Agreement:

	Farm	Residential		Commercial		Mezzanine	Total
		Insured	All Other	Insured	All Other		
a. Current Year							
1. Recorded Investment (All)							
(a) Current	\$ —	\$ —	\$ —	\$ —	\$ 283,124,226	\$ —	\$ 283,124,226
(b) 30-59 Days Past Due	—	—	—	—	—	—	—
(c) 60-89 Days Past Due	—	—	—	—	—	—	—
(d) 90-179 Days Past Due	—	—	—	—	—	—	—
(e) 180+ Days Past Due	—	—	—	—	—	—	—
2. Accruing Interest 90-179 Days Past Due							
(a) Recorded Investment	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
(b) Interest Accrued	—	—	—	—	—	—	—
3. Accruing Interest 180+ Days Past Due							
(a) Recorded Investment	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
(b) Interest Accrued	—	—	—	—	—	—	—
4. Interest Reduced							
(a) Recorded Investment	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
(b) Number of Loans	—	—	—	—	—	—	—
(c) Percent Reduced	— %	— %	— %	— %	— %	— %	— %
5. Participant or Co-lender in a Mortgage Loan Agreement							
(a) Recorded Investment	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
b. Prior Year							
1. Recorded Investment (All)							
(a) Current	\$ —	\$ —	\$ —	\$ —	\$ 258,068,528	\$ —	\$ 258,068,528
(b) 30-59 Days Past Due	—	—	—	—	—	—	—
(c) 60-89 Days Past Due	—	—	—	—	—	—	—
(d) 90-179 Days Past Due	—	—	—	—	—	—	—
(e) 180+ Days Past Due	—	—	—	—	—	—	—
2. Accruing Interest 90-179 Days Past Due							
(a) Recorded Investment	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
(b) Interest Accrued	—	—	—	—	—	—	—
3. Accruing Interest 180+ Days Past Due							
(a) Recorded Investment	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
(b) Interest Accrued	—	—	—	—	—	—	—
4. Interest Reduced							
(a) Recorded Investment	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
(b) Number of Loans	—	—	—	—	—	—	—
(c) Percent Reduced	— %	— %	— %	— %	— %	— %	— %
5. Participant or Co-lender in a Mortgage Loan Agreement							
(a) Recorded Investment	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —

NOTES TO FINANCIAL STATEMENTS

(5) Investment in Impaired Loans With or Without Allowance for Credit Losses and Impaired Loans Subject to a Participant or Co-lender Mortgage Loan Agreement for Which the Reporting Entity is Restricted from Unilaterally Foreclosing on the Mortgage Loan:

	Farm	Residential		Commercial		Mezzanine	Total
		Insured	All Other	Insured	All Other		
a. Current Year							
1. With Allowance for Credit Losses	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
2. No Allowances for Credit Losses	—	—	—	—	—	—	—
3. Total (1+2)	—	—	—	—	—	—	—
4. Subject to a participant or co-lender mortgage loan agreement for which the reporting entity is restricted from unilaterally foreclosing on the mortgage loan.	—	—	—	—	—	—	—
b. Prior Year							
1. With Allowance for Credit Losses	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
2. No Allowances for Credit Losses	—	—	—	—	—	—	—
3. Total (1+2)	—	—	—	—	—	—	—
4. Subject to a participant or co-lender mortgage loan agreement for which the reporting entity is restricted from unilaterally foreclosing on the mortgage loan.	—	—	—	—	—	—	—

(6) Investment in Impaired Loans - Average Recorded Investment, Interest Income Recognized, Recorded Investment on Nonaccrual Status and Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting:

	Farm	Residential		Commercial		Mezzanine	Total
		Insured	All Other	Insured	All Other		
a. Current Year							
1. Average Recorded Investment	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
2. Interest Income Recognized	—	—	—	—	—	—	—
3. Recorded Investments on Nonaccrual Status	—	—	—	—	—	—	—
4. Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting	—	—	—	—	—	—	—
b. Prior Year							
1. Average Recorded Investment	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
2. Interest Income Recognized	—	—	—	—	—	—	—
3. Recorded Investments on Nonaccrual Status	—	—	—	—	—	—	—
4. Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting	—	—	—	—	—	—	—

(7) Allowance for Credit Losses:

	<u>Current Year</u>	<u>Prior Year</u>
a. Balance at beginning of period	\$ —	\$ —
b. Additions charged to operations	\$ —	\$ —
c. Direct write-downs charged against the allowances	\$ —	\$ —
d. Recoveries of amounts previously charged off	\$ —	\$ —
e. Balance at end of period	\$ —	\$ —

NOTES TO FINANCIAL STATEMENTS

(8) Mortgage Loans Derecognized as a Result of Foreclosure:

	<u>Current Year</u>
a. Aggregate amount of mortgage loans derecognized	\$ —
b. Real estate collateral recognized	\$ —
c. Other collateral recognized	\$ —
d. Receivables recognized from a government guarantee of the foreclosed mortgage loan	\$ —

(9) The company recognizes interest income on its impaired loans upon receipt.

**B. Debt Restructuring**

The Company did not have invested assets that were restructured debt at December 31, 2025 or 2024.

**C. Reverse Mortgages**

The Company did not have investments in reverse mortgages at December 31, 2025 or 2024.

**D. Asset-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 asset-backed securities.

(2) The Company did not recognize OTTI on its asset-backed securities during the years ended December 31, 2025 and 2024.

(3) The table below illustrates, by security and in the aggregate, the effects of OTTI on the Company’s asset-backed securities for the year ended December 31, 2025. All the asset-backed securities where OTTI was recognized are categorized such that the present value of cash flows expected to be collected is less than the amortized cost basis of the security.

1	2	3	4	5	6	7
CUSIP	Book/Adjusted Carrying Value Amortized Cost Before Current Period OTTI	Present Value of Projected Cash Flows	Recognized OTTI	Amortized Cost After OTTI	Fair Value at time of OTTI	Date of Financial Statement Where Reported
36197VAC2	\$ 1,076,767	\$ 715,050	\$ (361,717)	\$ 715,050	\$ 581,148	12/31/2025
Total			\$ (361,717)			

NOTES TO FINANCIAL STATEMENTS

(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	\$ (281,277)
	2. 12 Months or Longer	\$ (24,700,750)
b. The aggregate related fair value of securities with unrealized losses:	1. Less than 12 Months	\$ 52,575,857
	2. 12 Months or Longer	\$ 217,903,559

(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, 2025 or 2024.

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

(1) The Company did not enter into repurchase agreements at December 31, 2025 or 2024.

(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.

(3) Collateral Received

a. Aggregate amount collateral received

	<u>Fair Value</u>
1. Securities Lending	
(a) Open	\$ 83,877,080
(b) 30 days or less	—
(c) 31 to 60 days	—
(d) 61 to 90 days	—
(e) Greater than 90 days	—
(f) Sub-total	<u>\$ 83,877,080</u>
(g) Securities received	<u>73,803,799</u>
(h) Total collateral received	<u><u>\$ 157,680,879</u></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 \$ 157,680,879

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.

NOTES TO FINANCIAL STATEMENTS

(5) Collateral Reinvestment

a. Aggregate amount collateral reinvested

1. Securities Lending	<u>Amortized Cost</u>	<u>Fair Value</u>
(a) Open	\$ —	\$ —
(b) 30 days or less	32,311,754	32,323,954
(c) 31 to 60 days	26,347,951	26,366,905
(d) 61 to 90 days	2,734,649	2,734,833
(e) 91 to 120 days	15,333,570	15,333,951
(f) 121 to 180 days	5,586,498	5,587,183
(g) 181 to 365 days	1,562,657	1,562,652
(h) 1 to 2 years	—	—
(i) 2 to 3 years	—	—
(j) Greater than 3 years	—	—
(k) Sub-total	<u>83,877,079</u>	<u>83,909,478</u>
(l) Securities received	<u>73,803,800</u>	<u>73,803,800</u>
(m) Total collateral reinvested	<u>\$ 157,680,879</u>	<u>\$ 157,713,278</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, 2025 or 2024.

**G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing**

(1) The Company participates in overnight bilateral reverse repurchase agreements, which provide cash in exchange for a U.S. Treasury (or other high-quality collateral) with an initial fair value equal to at least 102% of the amount lent. If the fair value of the collateral falls below 100%, the counterparty is required to provide additional collateral, to bring the fair value back to at least 102%.

(2) Type of Repo Trades Used

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Bilateral (YES/NO)	YES	YES	YES	YES
b. Tri-Party (YES/NO)	NO	NO	NO	NO

NOTES TO FINANCIAL STATEMENTS

(3) Original (Flow) & Residual Maturity

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. Open - No Maturity	\$ —	\$ —	\$ —	\$ —
2. Overnight	\$ 7,300,000	\$ 16,600,000	\$ 17,200,000	\$ 7,500,000
3. 2 Days to 1 Week	\$ —	\$ —	\$ —	\$ —
4. >1 Week to 1 Month	\$ —	\$ —	\$ —	\$ —
5. >1 Month to 3 Months	\$ —	\$ —	\$ —	\$ —
6. >3 Months to 1 Year	\$ —	\$ —	\$ —	\$ —
7. >1 Year	\$ —	\$ —	\$ —	\$ —

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
b. Ending Balance				
1. Open - No Maturity	\$ —	\$ —	\$ —	\$ —
2. Overnight	\$ —	\$ 11,600,000	\$ 2,400,000	\$ 4,800,000
3. 2 Days to 1 Week	\$ —	\$ —	\$ —	\$ —
4. >1 Week to 1 Month	\$ —	\$ —	\$ —	\$ —
5. >1 Month to 3 Months	\$ —	\$ —	\$ —	\$ —
6. >3 Months to 1 Year	\$ —	\$ —	\$ —	\$ —
7. >1 Year	\$ —	\$ —	\$ —	\$ —

(4) Aggregate Narrative Disclosure of Fair Value of Securities Sold and/or Acquired That Resulted in Default

Not applicable.

(5) Fair Value of Securities Acquired Under Repo-Secured Borrowing

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount	\$ 7,436,442	\$ 16,991,131	\$ 17,525,542	\$ 7,567,676
b. Ending Balance	\$ —	\$ 11,902,910	\$ 2,413,123	\$ 4,863,207

NOTES TO FINANCIAL STATEMENTS

(6) Securities Acquired Under Repo - Secured Borrowing by NAIC Designation

ENDING BALANCE

	1 NONE	2 NAIC 1	3 NAIC 2	4 NAIC 3
a. ICO - FV	\$ —	\$ 4,863,207	\$ —	\$ —
b. ABS - FV	\$ —	\$ —	\$ —	\$ —
c. Preferred Stock - FV	\$ —	\$ —	\$ —	\$ —
d. Common Stock	\$ —	\$ —	\$ —	\$ —
e. Mortgage Loans - FV	\$ —	\$ —	\$ —	\$ —
f. Real Estate - FV	\$ —	\$ —	\$ —	\$ —
g. Derivatives - FV	\$ —	\$ —	\$ —	\$ —
h. Other Invested Assets - FV	\$ —	\$ —	\$ —	\$ —
i. Total Assets - FV (Sum of a through h)	\$ —	\$ 4,863,207	\$ —	\$ —

ENDING BALANCE

	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 DOES NOT QUALIFY AS ADMITTED
a. ICO - FV	\$ —	\$ —	\$ —	\$ —
b. ABS - FV	\$ —	\$ —	\$ —	\$ —
c. Preferred Stock - FV	\$ —	\$ —	\$ —	\$ —
d. Common Stock	\$ —	\$ —	\$ —	\$ —
e. Mortgage Loans - FV	\$ —	\$ —	\$ —	\$ —
f. Real Estate - FV	\$ —	\$ —	\$ —	\$ —
g. Derivatives - FV	\$ —	\$ —	\$ —	\$ —
h. Other Invested Assets - FV	\$ —	\$ —	\$ —	\$ —
i. Total Assets - FV (Sum of a through h)	\$ —	\$ —	\$ —	\$ —

4,863,207

(7) Collateral Pledged - Secured Borrowing

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. Cash	\$ 7,300,000	\$ 16,600,000	\$ 17,200,000	\$ 7,500,000
2. Securities (FV)	\$ —	\$ —	\$ —	\$ —
3. Securities (BACV)	XXX	XXX	XXX	XXX
4. Nonadmitted Subset (BACV)	XXX	XXX	XXX	XXX
b. Ending Balance				
1. Cash	\$ —	\$ 11,600,000	\$ 2,400,000	\$ 4,800,000
2. Securities (FV)	\$ —	\$ —	\$ —	\$ —
3. Securities (BACV)	\$ —	\$ —	\$ —	\$ —
4. Nonadmitted Subset (BACV)	\$ —	\$ —	\$ —	\$ —

(8) Allocation of Aggregate Collateral Pledged by Remaining Contractual Maturity

	AMORTIZED COST	FAIR VALUE
a. Overnight and Continuous	\$ 4,800,000	\$ 4,863,207
b. 30 Days or Less	\$ —	\$ —
c. 31 to 90 Days	\$ —	\$ —
d. >90 Days	\$ —	\$ —

## NOTES TO FINANCIAL STATEMENTS

## (9) Recognized Receivable for Return of Collateral - Secured Borrowing

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. Cash	\$ —	\$ —	\$ —	\$ —
2. Securities (FV)	\$ —	\$ —	\$ —	\$ —
b. Ending Balance				
1. Cash	\$ —	\$ —	\$ —	\$ —
2. Securities (FV)	\$ —	\$ —	\$ —	\$ —

## (10) Recognized Liability to Return Collateral - Secured Borrowing (Total)

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. Repo Securities Sold/Acquired with Cash Collateral	\$ —	\$ —	\$ —	\$ —
2. Repo Securities Sold/Acquired with Securities Collateral (FV)	\$ —	\$ —	\$ —	\$ —
b. Ending Balance				
1. Repo Securities Sold/Acquired with Cash Collateral	\$ —	\$ —	\$ —	\$ —
2. Repo Securities Sold/Acquired with Securities Collateral (FV)	\$ —	\$ —	\$ —	\$ —

**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, 2025 or 2024.

**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, 2025 or 2024.

**J. Real Estate**

The Company did not have investments in real estate and did not engage in retail land sales operations during 2025 or 2024.

**K. Investments in Tax Credit Structures (tax credit investments)**

The Company did not invest in projects generating tax credits during 2025 or 2024.

NOTES TO FINANCIAL STATEMENTS

L. Restricted Assets

(1) Restricted assets (including pledged)

	1	2	3	4	5	6	7	8	9	10
Restricted Asset Category	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)	Amount Reported in General Interrogatories	Difference from Note and GI	GI Ref
a. Subject to contractual obligation for which liability is not shown	\$ —	\$ —	\$ —	\$ —	\$ —	— %	— %	\$ —	\$ —	
b. Collateral held under security lending agreements	157,680,879	222,378,094	(64,697,215)	—	157,680,879	3.66 %	3.88 %	157,680,879	—	25.04 + 25.05
c. Subject to repurchase agreements	—	—	—	—	—	— %	— %	—	—	26.21
d. Subject to reverse repurchase agreements	4,800,000	4,900,000	(100,000)	—	4,800,000	0.11 %	0.12 %	4,800,000	—	26.22
e. Subject to dollar repurchase agreements	—	—	—	—	—	— %	— %	—	—	26.23
f. Subject to dollar reverse repurchase agreements	—	—	—	—	—	— %	— %	—	—	26.24
g. Placed under option contracts	—	—	—	—	—	— %	— %	—	—	26.25
h. Letter stock or securities restricted as to sale-excluding FHLB capital	—	—	—	—	—	— %	— %	—	—	26.26
i. FHLB capital stock	12,090,100	9,599,100	2,491,000	—	12,090,100	0.28 %	0.30 %	12,090,100	—	26.27
j. On deposit with states	4,069,092	4,128,798	(59,706)	—	4,069,092	0.09 %	0.10 %	4,069,092	—	26.28
k. On deposit with other regulatory bodies	—	—	—	—	—	— %	— %	—	—	26.29
l. Pledged as collateral to FHLB (including assets backing funding agreements)	248,386,658	227,356,002	21,030,656	—	248,386,658	5.77 %	6.12 %	248,386,658	—	26.31
m. Pledged as collateral not captured in other categories	—	—	—	—	—	— %	— %	—	—	26.30
n. Other restricted assets	—	—	—	—	—	— %	— %	—	—	26.32
o. Collateral assets received and on balance sheet	—	—	—	—	—	— %	— %	XXX	XXX	N/A
p. Assets held under modco reinsurance agreements	—	—	—	—	—	— %	— %	XXX	XXX	N/A
q. Assets held under funds withheld reinsurance agreements	—	—	—	—	—	— %	— %	XXX	XXX	N/A
r. Total restricted assets (Sum of a through q)	\$ 427,026,729	\$ 468,361,994	\$ (41,335,265)	\$ —	\$427,026,729	9.92 %	10.51 %	XXX	XXX	XXX

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

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

(2) Not applicable.

(3) Not applicable.

NOTES TO FINANCIAL STATEMENTS

(4) Not applicable.

(5) Not applicable.

**M. Working Capital Finance Investments**

The Company did not have any working capital finance investments at December 31, 2025 and 2024.

**N. Offsetting and Netting of Assets and Liabilities**

The Company did not have any offsetting or netting of assets and liabilities at December 31, 2025 and 2024.

**O. 5GI Securities**

The Company has no 5GI Securities as of December 31, 2025 and 2024.

**P. Short Sales**

The Company did not have any short sales at December 31, 2025 and 2024.

**Q. Prepayment Penalty and Acceleration Fees**

	General Account
(1) Number of CUSIPs	20
(2) Aggregate Amount of Investment Income \$	263,066

**R. Reporting Entity's Share of Cash Pool by Asset Type**

The Company did not participate in a cash pool at December 31, 2025 or 2024.

**S. Aggregate Collateral Loans by Qualifying Investment Collateral**

The Company did not have any aggregate collateral loans with qualifying investment collateral at December 31, 2025 or 2024.

**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, 2025 or 2024.

**B.** The Company did not recognize any impairment write downs for its investments in joint ventures, partnerships, or limited liability companies during 2025 or 2024.

**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, 2025 all accrued investment income was admitted. At December 31, 2024 there was \$11,633 of nonadmitted accrued investment income.

NOTES TO FINANCIAL STATEMENTS

C. At December 31, 2025 and 2024 the gross, nonadmitted and admitted amounts for interest income due and accrued are as follows:

Interest Income Due and Accrued	2025	2024
1. Gross	\$ 21,654,120	\$ 18,686,047
2. Nonadmitted	\$ —	\$ 11,633
3. Admitted	\$ 21,654,120	\$ 18,674,414

D. At December 31, 2025 and 2024 the Company had no aggregate deferred interest.

E. At December 31, 2025 and 2024 the Company had cumulative amounts of paid-in-kind (“PIK”) interest included in the current principal balance as follows:

	2025	2024
Cumulative amounts of PIK interest included in the current principal balance	\$ —	\$ 44,026

**8. Derivative Instruments**

The Company has no derivative instruments.

NOTES TO FINANCIAL STATEMENTS

9. Income Taxes

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

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

	12/31/2025		
	(1)	(2)	(3)
	Ordinary	Capital	(Col 1+2) Total
(a) Gross Deferred Tax Assets	\$ 101,102,609	\$ 2,774,727	\$ 103,877,336
(b) Statutory Valuation Allowance Adjustments	—	—	—
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	101,102,609	2,774,727	103,877,336
(d) Deferred Tax Assets Nonadmitted	14,088,355	—	14,088,355
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	87,014,254	2,774,727	89,788,981
(f) Deferred Tax Liabilities	1,839,151	2,971,582	4,810,733
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 85,175,103	\$ (196,855)	\$ 84,978,248

	12/31/2024		
	(4)	(5)	(6)
	Ordinary	Capital	(Col 4+5) Total
(a) Gross Deferred Tax Assets	\$ 136,199,087	\$ 1,050,695	\$ 137,249,782
(b) Statutory Valuation Allowance Adjustments	—	—	—
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	136,199,087	1,050,695	137,249,782
(d) Deferred Tax Assets Nonadmitted	25,563,186	—	25,563,186
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	110,635,901	1,050,695	111,686,596
(f) Deferred Tax Liabilities	1,060,131	3,915,682	4,975,813
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 109,575,770	\$ (2,864,987)	\$ 106,710,783

	Change		
	(7)	(8)	(9)
	(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
(a) Gross Deferred Tax Assets	\$ (35,096,478)	\$ 1,724,032	\$ (33,372,446)
(b) Statutory Valuation Allowance Adjustments	—	—	—
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	(35,096,478)	1,724,032	(33,372,446)
(d) Deferred Tax Assets Nonadmitted	(11,474,831)	—	(11,474,831)
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	(23,621,647)	1,724,032	(21,897,615)
(f) Deferred Tax Liabilities	779,020	(944,100)	(165,080)
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ (24,400,667)	\$ 2,668,132	\$ (21,732,535)

NOTES TO FINANCIAL STATEMENTS

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

				12/31/2025		
				(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.	\$ 80,343,856	\$ 1,278,704	\$ 81,622,560		
(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)	2,703,207	652,481	3,355,688		
1.	Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	2,703,207	652,481	3,355,688		
2.	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	241,042,225		
(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.	3,967,191	843,542	4,810,733		
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 87,014,254	\$ 2,774,727	\$ 89,788,981		

				12/31/2024		
				(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.	\$ 104,126,142	\$ —	\$ 104,126,142		
(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)	2,584,641	—	2,584,641		
1.	Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	2,584,641	—	2,584,641		
2.	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	190,820,101		
(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.	3,925,118	1,050,695	4,975,813		
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 110,635,901	\$ 1,050,695	\$ 111,686,596		

				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.	\$ (23,782,286)	\$ 1,278,704	\$ (22,503,582)		
(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)	118,566	652,481	771,047		
1.	Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	118,566	652,481	771,047		
2.	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	50,222,124		
(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.	42,073	(207,153)	(165,080)		
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ (23,621,647)	\$ 1,724,032	\$ (21,897,615)		

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Community Insurance Company

NOTES TO FINANCIAL STATEMENTS

		<b>2025</b>	<b>2024</b>
(3)	(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	414.31 %	368.25 %
	(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 1,606,948,168	\$ 1,272,134,007

12/31/2025		12/31/2024		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)	\$101,102,609	\$2,774,727	\$136,199,087	\$1,050,695	\$(35,096,478) \$1,724,032
	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)	\$87,014,254	\$2,774,727	\$110,635,901	\$1,050,695	\$(23,621,647) \$1,724,032
	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 <u>  X  </u>

**B. The Company has no unrecognized deferred tax liabilities at December 31, 2025 and 2024.**

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

		<b>(1)</b>	<b>(2)</b>	<b>(3)</b>
		<b>12/31/2025</b>	<b>12/31/2024</b>	<b>(Col 1-2) Change</b>
(1)	Current Income Tax			
	(a) Federal	\$ 72,863,535	\$ 102,927,171	\$ (30,063,636)
	(b) Foreign	—	—	—
	(c) Subtotal	72,863,535	102,927,171	(30,063,636)
	(d) Federal income tax expense on net capital gains	1,278,704	(402,263)	1,680,967
	(e) Utilization of capital loss carry-forwards	—	—	—
	(f) Other	—	—	—
	(g) Federal and foreign income taxes incurred	\$ 74,142,239	\$ 102,524,908	\$ (28,382,669)

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Community Insurance Company

NOTES TO FINANCIAL STATEMENTS

	(1)	(2)	(3)
	12/31/2025	12/31/2024	(Col 1-2) Change
<b>(2) Deferred Tax Assets:</b>			
<b>(a) Ordinary</b>			
(1) Discounting of unpaid losses	\$ 3,224,779	\$ 2,686,577	\$ 538,202
(2) Unearned premium reserve	2,704,600	2,930,432	(225,832)
(3) Policyholder reserves	5,916,413	6,588,339	(671,926)
(4) Investments	—	—	—
(5) Deferred acquisition costs	2,747,553	2,736,201	11,352
(6) Policyholder dividends accrual	—	—	—
(7) Fixed assets	921,227	10,353,291	(9,432,064)
(8) Compensation and benefits accrual	—	—	—
(9) Pension accrual	—	—	—
(10) Receivables - nonadmitted	33,714,768	26,903,433	6,811,335
(11) Net operating loss carry-forward	—	—	—
(12) Tax credit carry-forward	—	—	—
(13) Other	51,873,269	84,000,814	(32,127,545)
(99) Subtotal (sum of 2a1 through 2a13)	<u>101,102,609</u>	<u>136,199,087</u>	<u>(35,096,478)</u>
(b) Statutory valuation allowance adjustment	—	—	—
(c) Nonadmitted	<u>14,088,355</u>	<u>25,563,186</u>	<u>(11,474,831)</u>
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	87,014,254	110,635,901	(23,621,647)
<b>(e) Capital</b>			
(1) Investments	2,574,913	151,852	2,423,061
(2) Net capital loss carry-forward	199,814	898,843	(699,029)
(3) Real estate	—	—	—
(4) Other	—	—	—
(99) Subtotal (2e1+2e2+2e3+2e4)	<u>2,774,727</u>	<u>1,050,695</u>	<u>1,724,032</u>
(f) Statutory valuation allowance adjustment	—	—	—
(g) Nonadmitted	—	—	—
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	<u>2,774,727</u>	<u>1,050,695</u>	<u>1,724,032</u>
(i) Admitted deferred tax assets (2d + 2h)	<u>\$ 89,788,981</u>	<u>\$ 111,686,596</u>	<u>\$ (21,897,615)</u>
<b>(3) Deferred Tax Liabilities:</b>			
<b>(a) Ordinary</b>			
(1) Investments	\$ 1,811,723	\$ 1,051,207	\$ 760,516
(2) Fixed assets	—	—	—
(3) Deferred and uncollected premium	—	—	—
(4) Policyholder reserves	—	—	—
(5) Other	27,428	8,924	18,504
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	<u>1,839,151</u>	<u>1,060,131</u>	<u>779,020</u>
<b>(b) Capital</b>			
(1) Investments	—	799,486	(799,486)
(2) Real estate	740,760	634,937	105,823
(3) Other	2,230,822	2,481,259	(250,437)
(99) Subtotal (3b1+3b2+3b3)	<u>2,971,582</u>	<u>3,915,682</u>	<u>(944,100)</u>
(c) Deferred tax liabilities (3a99 + 3b99)	<u>\$ 4,810,733</u>	<u>\$ 4,975,813</u>	<u>\$ (165,080)</u>
(4) Net deferred tax assets/liabilities (2i - 3c)	<u>\$ 84,978,248</u>	<u>\$ 106,710,783</u>	<u>\$ (21,732,535)</u>

NOTES TO FINANCIAL STATEMENTS

**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:

	<u>2025</u>	<u>2024</u>
Tax expense computed using federal statutory rate	\$ 114,289,249	\$ 79,504,738
Change in nonadmitted assets	(850,399)	(4,023,470)
Tax exempt income and dividend received deduction net of proration	(2,265,111)	(521,267)
Prior year true-up and adjustments	(173,570)	405,926
Tax settlements and contingencies	(388,084)	(32,131)
Other, net	<u>(2,060,297)</u>	<u>(4,030,339)</u>
Total	<u>\$ 108,551,788</u>	<u>\$ 71,303,457</u>
Federal income taxes incurred	\$ 74,142,239	\$ 102,524,908
Change in net deferred income taxes	<u>34,409,549</u>	<u>(31,221,451)</u>
Total statutory income taxes	<u>\$ 108,551,788</u>	<u>\$ 71,303,457</u>

**E. Operating loss carryforwards:**

- (1) The Company has no operating loss carryforwards and no corporate alternative minimum tax (“AMT”) credit carryforwards as of December 31, 2025 or 2024.
- (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:

	<u>Ordinary</u>	<u>Capital</u>	<u>Total</u>
<b>2025</b>	\$ 72,443,060	\$ 1,278,704	\$ 73,721,764
<b>2024</b>	102,393,582	—	102,393,582
<b>2023</b>	N/A	—	—

- (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, 2025 and 2024.

**F.** The following companies will be included in the consolidated federal income tax return with their parent Elevance Health, Inc. (“Elevance Health”) as of December 31, 2025 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, including corporate AMT, with affiliates subject to the tax sharing agreement is based upon separate income tax return calculations, including separate corporate AMT calculations, with credit for net operating losses and capital 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 net 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.

Albion Medical Group of Nevada, P.C.	Community Care Health Plan of Nevada, Inc.
Albion Medical Partners of California, P.C.	Community Insurance Company
Albion Medical Partners of California West, P.C.	Compcare Health Services Insurance Corporation
Albion Medical Partners of Illinois, S.C.	Crossroads Acquisition Corp.
Alliance Care Management, LLC	DeCare Analytics, LLC
Amerigroup Mississippi, Inc.	DeCare Dental Health International, LLC
Amerigroup Pennsylvania, Inc.	DeCare Dental Networks, LLC
AMGP Georgia Managed Care Company, Inc.	DeCare Dental, LLC
Anthem Benefits Agency, Inc.	Designated Agent Company, Inc.
Anthem Blue Cross Life and Health Insurance Company	Elevance Health, Inc
Anthem Financial, Inc.	Elevance Health Information Technology Services, Inc.
Anthem HealthChoice Assurance, Inc.	ELV Holding Company 2, LLC
Anthem HealthChoice HMO, Inc.	ELV Holding Company 3, LLC
Anthem Health Plans of Kentucky, Inc.	ELV Holding Company 4, LLC

NOTES TO FINANCIAL STATEMENTS

Anthem Health Plans of Maine, Inc.	Federal Government Solutions, LLC
Anthem Health Plans of New Hampshire, Inc.	Freedom Health, Inc.
Anthem Health Plans of Virginia, Inc.	Freedom SPV, Inc.
Anthem Health Plans, Inc.	Golden West Health Plan, Inc.
Anthem Holding Corp.	Granular Insurance Company
Anthem HP, LLC	GranularRe, Inc.
Anthem Insurance Companies, Inc.	HaloCare Specialty Therapeutics, LLC
Anthem Kentucky Managed Care Plan, Inc.	Healthkeepers, Inc.
Anthem Southeast, Inc.	HealthLink Administrators, Inc.
APR, LLC	HealthLink, Inc.
Arcus Enterprises, Inc.	HealthSun Health Plan, Inc.
Associated Group, Inc.	Healthy Alliance Life Insurance Company
AUMSI UM Services, Inc.	HMO Colorado, Inc.
BioPlus Parent, LLC	HMO Missouri, Inc.
BioPlus Specialty Holding Company, LLC	IEC Group Holdings, Inc.
BioPlus Specialty Infusion Holdings, Inc.	IEC Group, Inc. d/b/a AmeriBen
BioPlus Specialty Pharmacy Holdings, Inc.	Innovative Pharmacy Services, LLC
BioPlus Specialty Pharmacy Holdings I, Inc.	LDNR Pharmacy, Inc.
BioPlus Specialty Pharmacy Holdings II, Inc.	Living Complete Technologies, Inc.
BioPlus Specialty Pharmacy, Inc.	Massachusetts Behavioral Health Partnership
BioPlus Specialty Pharmacy LA, LLC	Matthew Thornton Health Plan, Inc.
Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	Missouri Care, Incorporated
Blue Cross Blue Shield of Wisconsin	Nash Holding Company, LLC
Blue Cross of California	National Government Services, Inc.
Blue Cross of California Partnership Plan, Inc.	New England Research Institutes, Inc.
Capricorn Holdco, Inc.	Optimum Healthcare, Inc.
Carebridge Holding Company, LLC	OPTIONS Health Care, Inc.
Carelon Behavioral Care, Inc.	Paragon Healthcare, Inc.
Carelon Behavioral Health Holdings, Inc.	Paragon Holding Company, LLC
Carelon Behavioral Health, Inc.	Paragon Infusion Care Inc.
Carelon Behavioral Health IPA, Inc.	Pathwrite, Inc.
Carelon Behavioral Health of California, Inc.	PHI Parent, LLC
Carelon Behavioral Health Strategies IPA, LLC	RightCHOICE Managed Care, Inc.
Carelon Digital Platforms, Inc.	Rocky Mountain Hospital and Medical Service, Inc.
Carelon Global Solutions U.S., Inc.	RSV QOZB LTSS, Inc.
Carelon Health Federal Services, Inc.	SellCore, Inc.
Carelon Health, Inc.	Simply Healthcare Plans, Inc.
Carelon Health IPA of California	Southeast Services, Inc.
Carelon Health IPA of New York, Inc.	State Sponsored Services, Inc.
CareMore Health of Arizona, Inc.	The Elevance Health Companies, Inc.
CareMore Health of California, Inc.	The Elevance Health Companies of California, Inc.
Carelon Health of Nevada, Inc.	WellPoint California Services, Inc.
Carelon Health of New Jersey, Inc.	Wellpoint Corporation
Carelon Health of Pennsylvania, Inc.	Wellpoint Delaware, Inc.
Carelon Health Solutions, Inc.	WellPoint Dental Services, Inc.
Carelon Holdings I, Inc.	Wellpoint District of Columbia, Inc.
Carelon, Inc.	WellPoint Federal Corporation
Carelon Insights, Inc.	WellPoint Health Solutions, Inc.
Carelon Management Services, LLC	WellPoint Holding Corporation
Carelon Medical Benefits Management, Inc.	Wellpoint Illinois Services, Inc.
Carelon Medical Partners, P.C.	Wellpoint Insurance Company
Carelon Medical Partners of Arizona, P.C.	WellPoint Insurance Services, Inc.
Carelon Medical Partners of Colorado, P.C.	Wellpoint Iowa, Inc.
Carelon Medical Partners of Kansas, P.A.	Wellpoint IPA Holding Company, Inc.
Carelon Medical Partners of New York, P.C.	Wellpoint Life and Health Insurance Company
Carelon Medical Partners of North Carolina, P.C.	Wellpoint Maryland, Inc.
Carelon Medical Partners of Texas, P.A.	Wellpoint National Services, Inc.
Carelon Palliative Care, Inc.	Wellpoint New Jersey, Inc.
Carelon Research, Inc.	Wellpoint New Mexico, Inc.
CarelonRx, Inc.	Wellpoint Health Plans, Inc.
CarelonRx Pharmacy, Inc.	Wellpoint South Carolina, Inc.
Caremax Pharmacy of Loudon, Inc.	Wellpoint Specialty Services, Inc.
Centers Plan for Healthy Living LLC	Wellpoint Tennessee, Inc.
Cerulean Companies, Inc.	Wellpoint Texas, Inc.
Colorado State Infusion, Inc.	Wellpoint Washington, Inc.

NOTES TO FINANCIAL STATEMENTS

Community Care Health Plan of Kansas, Inc.  
Community Care Health Plan of Nebraska, Inc.

Wellpoint West Virginia, Inc.  
WestCare, Inc.

**G. Not applicable.**

**H. Repatriation Transition Tax (RTT)**

Not applicable.

**I. Alternative Minimum Tax (AMT) Credit**

The corporate alternative minimum tax (“CAMT”) is imposed at a rate of 15% on the adjusted financial statement income (“AFSI”) and is applicable only to corporations with average AFSI exceeding \$1.0 billion over a three year period. The applicability of the CAMT is determined on a tax-controlled group basis.

The Company is a member of a tax-controlled group of corporations. The Company does not expect to be subject to CAMT in 2025.

**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 Elevance Health, a publicly traded company.

**B. Significant Transactions for Each Period**

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

The Board of Directors of the Company declared an ordinary dividend in the amount of \$125,000,000 on August 27, 2025. The Company paid the dividend to its parent company, ATH Holding, on September 8, 2025.

The Board of Directors of the Company declared an ordinary dividend in the amount of \$517,200,000 on August 21, 2024. The Company paid the dividend to its parent company, ATH Holding, on September 6, 2024.

For changes to the intercompany management and service arrangements see Note 10E. The amounts of transactions under such agreements are presented in Schedule Y, Part 2.

**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, 2025 and 2024, the Company reported no amounts due from affiliates. At December 31, 2025 and 2024, the Company reported \$230,019,908 and \$134,548,753 due to affiliates, respectively. The receivable and payable balances represent intercompany transactions that will be settled in accordance with the settlement terms of the intercompany agreement.

## NOTES TO FINANCIAL STATEMENTS

### **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, dental benefits management services, health care management services, communications, advertising, consulting services, rent, utilities, billing, accounting, underwriting, and product development, which support the Company's operations. In addition, the Company is party to the Fair Market Value ("FMV") Services Attachment to the master administrative services agreement with affiliates, of which the costs and expenses related to certain services, including behavioral health, palliative care, utilization management, payment integrity services, subrogation services, as well as health and wellness programs, are allocated to or allocated by the Company in an amount equal to the fair market value of the services provided. All costs under these agreements are allocated based on various utilization statistics. Net payments to affiliated companies pursuant to the above administrative service agreements were \$1,246,461,336 and \$1,228,994,477 in 2025 and 2024, respectively.

In January 2023, an affiliate of Elevance Health made an equity investment that resulted in Elevance Health's minority interest ownership of Liberty Dental. Effective January 1, 2025, the Company entered into a separate administrative agreement to capitate dental claims risk to Liberty Dental. Under this arrangement, the Company reported \$39,679,707 in capitation claims expense in 2025.

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.

There were no changes to the intercompany management and service arrangements, and there were no additional arrangements entered into during 2025 or 2024.

### **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 Elevance Health.

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

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

### **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.

NOTES TO FINANCIAL STATEMENTS

**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.

**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, 2025 and 2024.

**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 \$221,418,876. The Company calculated this amount in accordance with current FHLBC capital stock.

NOTES TO FINANCIAL STATEMENTS

(2) FHLB Capital Stock

a. Aggregate Totals

1. Current year

	<b>Total</b>
(a) Membership stock - Class A	\$ —
(b) Membership stock - Class B	3,090,014
(c) Activity stock	6,750,000
(d) Excess stock	2,250,086
(e) Aggregate total (a+b+c+d)	\$ 12,090,100
(f) Actual or estimated borrowing capacity as determined by the insurer	\$ 221,418,876

2. Prior year-end

	<b>Total</b>
(a) Membership stock - Class A	\$ —
(b) Membership stock - Class B	2,849,084
(c) Activity stock	6,750,000
(d) Excess stock	16
(e) Aggregate total (a+b+c+d)	\$ 9,599,100
(f) Actual or estimated borrowing capacity as determined by the insurer	\$ 186,111,305

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	\$ 3,090,014	\$ 3,090,014	\$ —	\$ —	\$ —	\$ —

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)

NOTES TO FINANCIAL STATEMENTS

(3) Collateral Pledged to FHLB

a. Amount pledged as of reporting date

	1 Fair Value	2 Carrying Value	3 Aggregate Total Borrowing
1. Current Year Total Collateral Pledged	\$ 229,468,196	\$ 248,386,658	\$ 150,000,000
2. Prior Year-end Total Collateral Pledged	\$ 198,875,505	\$ 227,356,002	\$ 150,000,000

11B(3)a1 (Column 2) should be equal to or less than 11B(3)b1 (Column 2)

11B(3)a2 (Column 2) should be equal to or less than 11B(3)b2 (Column 2)

b. Maximum amount pledged during reporting period

	1 Fair Value	2 Carrying Value	3 Amount Borrowed at Time of Maximum Collateral
1. Current Year Total Maximum Collateral Pledged	\$ 229,468,196	\$ 248,386,658	\$ 150,000,000
2. Prior Year-end Total Maximum Collateral Pledged	\$ 217,818,421	\$ 249,727,848	\$ 150,000,000

(4) Borrowing from FHLB

a. Amount as of the reporting date

	Total	Funding Agreements Reserves Established
1. Current year		
(a) Debt	\$ 150,000,000	XXX
(b) Funding agreements	— \$	—
(c) Other	—	XXX
(d) Aggregate total (a+b+c)	\$ 150,000,000	\$ —
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	\$ 175,000,000
2. Funding agreements	—
3. Other	—
4. Aggregate total (Lines 1+2+3)	\$ 175,000,000

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

NOTES TO FINANCIAL STATEMENTS

**C. All Other Debt**

The Company had no other debt outstanding at December 31, 2025 and 2024.

**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.

**G. Consolidated/Holding Company Plans**

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 Elevance Health, providing incentive awards to non-employee directors and employees, consisting of Elevance Health stock options, restricted stock, restricted stock units, stock appreciation rights, performance shares, and performance units. Elevance Health 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 2025 and 2024, the Company was allocated the following costs or (credits) for these retirement benefits:

	<u>2025</u>		<u>2024</u>
Defined contribution plan	\$ 14,747,361	\$	14,950,270
Stock incentive compensation plan	17,364,058		16,709,632

**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, 2025, 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 2026**

Within the limitations of (C) above, the Company may pay \$470,092,282 in ordinary dividends during 2026 without restrictions, other than state notification requirements.

**F. Unassigned Surplus Restrictions**

Unassigned surplus funds are not restricted at December 31, 2025.

**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, 2025.

**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 deferred gain on the Company's sale-leaseback transaction.

**J. Changes in Unassigned Funds**

The portion of unassigned funds represented by cumulative unrealized investment gains and losses was (\$11,315,967) at December 31, 2025.

**K. Surplus Notes**

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

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 \$7,648,153, 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 covered insurer insolvencies. Other assessments are accrued at the time the assessment obligation is incurred.

(2) Not applicable.

(3) Not applicable.

**C. Gain Contingencies**

The Company has no gain contingencies at December 31, 2025 or 2024.

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

Not applicable.

**E. Joint and Several Liabilities**

Not applicable.

## NOTES TO FINANCIAL STATEMENTS

**F. All Other Contingencies*****Litigation and regulatory proceedings*****Blue Cross Blue Shield Antitrust Litigation**

Elevance Health, Inc. is a defendant in multiple lawsuits that were initially filed in 2012 against the BCBSA and Blue Cross and/or Blue Shield licensees (the “Blue plans”) across the country. These cases were consolidated into a single, multi-district proceeding captioned *In re Blue Cross Blue Shield Antitrust Litigation* that is pending in the U.S. 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® and National Accounts programs and other arrangements in violation of the Sherman Antitrust Act and related state laws. The cases were brought by two putative nationwide classes of plaintiffs, health plan subscribers and providers.

The BCBSA and Blue plans approved a settlement agreement and release with the subscriber plaintiffs (the “Subscriber Settlement Agreement”), which received final approval from the Court in September 2022. The ultimate amount paid by Elevance Health under the Subscriber Settlement Agreement was \$604,000,000. The Company’s portion of the Subscriber Settlement Agreement was primarily accrued in 2020. The Subscriber Settlement Agreement and the defendants’ payment and non-monetary obligations under the Subscriber Settlement Agreement became effective in June 2024, with the request for second Blue plan bid provisions effective in September 2024. The funds held in escrow will be distributed in accordance with the Subscriber Settlement Agreement.

A number of follow-on cases involving entities that opted out of the Subscriber Settlement Agreement have been filed. Those actions are: *Alaska Air Group, Inc., et al. v. Anthem, Inc., et al.*, No. 2:21-cv-01209-AMM (N.D. Ala.); *JetBlue Airways Corp., et al. v. Anthem, Inc., et al.*, No. 2:22-cv-00558-GMB (N.D. Ala.); *Metropolitan Transportation Authority v. Blue Cross and Blue Shield of Alabama et al.*, No. 2:22-cv-00265-RDP (N.D. Ala.) (dismissed without prejudice in June 2023); *Bed Bath & Beyond Inc. v. Anthem, Inc.*, No. 2:22-cv-01256-SGC (N.D. Ala.); *Hoover, et al. v. Blue Cross Blue Shield Association, et al.*, No. 1:21-cv-23448 (S.D. Fla.); and *VHS Liquidating Trust v. Blue Cross of California, et al.*, No. RG21106600 (Cal. Super.). In February 2023, the Court denied the defendants’ motion to dismiss based on a statute of limitations defense in *Alaska Air* and *Jet Blue*. In September 2023, the California court presiding over the *VHS* case, upheld its prior order granting in part defendants’ motion to strike based on the statute of limitations. On February 14, 2025, the *VHS* plaintiffs amended their complaint to add an additional plaintiff, Children’s Hospital of Los Angeles. Elevance Health intends to continue to vigorously defend these follow-on cases, which they believe are without merit; however, their ultimate outcome cannot be presently determined.

In the third quarter of 2024, the BCBSA, along with individually named Blue plans approved a settlement agreement and release (the “Provider Settlement Agreement”) with the provider plaintiffs, and in October 2024 the provider plaintiffs filed a motion for preliminary approval with the Court. The Court granted preliminary approval of the provider settlement on December 4, 2024. A Final Fairness Hearing was held in July 2025, and a Final Order of Approval was issued in August 2025. As a result of the Final Order of Approval, the defendants were required to make a monetary settlement payment and certain non-monetary terms including (i) expansion of opportunities to contract with providers in contiguous services areas, (ii) certain prompt pay commitments, and (iii) various technological enhancements to the BlueCard program are not being implanted on a time line set forth in the Provider Settlement Agreement. The effective date of the Provider Settlement Agreement was September 19, 2025. Elevance Health’s payment

## NOTES TO FINANCIAL STATEMENTS

obligation under the Provider Settlement Agreement was \$666,000,000. The Company recorded its portion of the Provider Settlement Agreement in September 2024.

A number of follow-on cases involving entities that opted out of the Provider Settlement Agreement have been filed and centralized in the BCBSA Litigation multi-district proceeding. Those actions are: *Fresno Community Hospital and Medical Center, et al. v. Blue Cross of California, et al.*, No. 25CV114607 (Cal. Super. Ct.); *Orange County Global Medical Center, Inc., et al. v. Blue Cross of California, et al.*, No. 25CV114430 (Cal. Super. Ct.); *Alta Los Angeles Hospitals, Inc., et al. v. Blue Cross of California, et al.*, No. 25CV114144 (Cal. Super. Ct.); *WHC Liquidating Trust v. Blue Cross of California, et al.*, No. 25CV114166 (Cal. Super. Ct.); *Stanford Health Care, et al. v. Blue Cross of California, et al.*, No. 25CV114151 (Cal. Super. Ct.); *John Muir Health v. Blue Cross of California d/b/a Anthem Blue Cross*, No. 25CV114149 (Cal. Super. Ct.); *Cottage Clinical Associates, et al. v. Blue Cross of California, et al.*, No. 25CV114152 (Cal. Super. Ct.); *Chinese Hospital Association v. Blue Cross of California dba Anthem Blue Cross, et al.*, No. 25CV113731 (Cal. Super. Ct.); *Regents of the University of California v. Blue Cross of California, et al.*, No. CGC-25-623019 (Cal. Super. Ct.); *Adventist Health System Sunbelt Healthcare Corporate d/b/a AdventHealth, et al. v. Blue Cross Blue Shield Association, et al.*, No. 1:25-cv-02367 (N.D. Ill.); *AmeriTeam Services, LLC, et al. v. Blue Cross and Blue Shield of Alabama, Inc., et al.*, No. 1:25-cv-02295 (N.D. Ill.); *CommonSpirit Health, et al. v. Blue Cross and Blue Shield of Alabama, et al.*, No. 1:25-cv-02296 (N.D. Ill.); *IES Central Texas PLLC et al. v. Blue Cross and Blue Shield of Alabama et al.*, No. 1:25-cv-02267 (N.D. Ill.); *Bon Secours Mercy Health, Inc., et al. v. Blue Cross Blue Shield Association, et al.*, No. 5:25-cv-02231 (N.D. Cal.); *LHHealth, LLC v. Blue Cross Blue Shield Association, et al.*, No. 5:25-cv-01158 (E.D. Pa.); *Temple University Health System, Inc., et al. v. Blue Cross Blue Shield Association, et al.*, No. 5:25-cv-01156 (E.D. Pa.); *Weill Cornell Medicine v. Blue Cross Blue Shield Association et al.*, No. 1:25-cv-02516 (S.D.N.Y.). Elevance Health intends to continue to vigorously defend these provider follow-on cases, which they believe are without merit; however, their ultimate outcome cannot be presently determined.

#### Medicare Risk Adjustment Litigation

In March 2020, the U.S. Department of Justice (“DOJ”) filed a civil lawsuit against Elevance Health, Inc. in the U.S. District Court for the Southern District of New York (the “District Court”) in a case captioned *United States v. Anthem, Inc.* The DOJ’s suit alleges, among other things, that Elevance Health falsely certified the accuracy of the diagnosis data they submitted to the Centers for Medicare and Medicaid Services (“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, Elevance Health caused CMS to calculate the risk-adjustment payments based on inaccurate diagnosis information, which enabled Elevance Health 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 factual allegations. In September 2020, Elevance Health 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, all of which the District Court denied in October 2022. In November 2022, Elevance Health filed an answer. In March 2023, discovery commenced. Fact and expert discovery are ongoing with current completion deadlines of June 30, 2026, and March 8, 2027, respectively. Elevance Health intends to continue to vigorously defend this suit, which they believe is without merit; however, the ultimate outcome cannot be presently determined.

## NOTES TO FINANCIAL STATEMENTS

### *Other Contingencies*

From time to time, the Company and certain of its subsidiaries are parties to various legal proceedings, many of which involve claims for coverage encountered in the ordinary course of business. The Company, like Health Maintenance Organizations (“HMOs”) and health insurers generally, exclude certain healthcare and other services from coverage under their HMO, Preferred Provider Organizations 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 the Company. In addition, the risk of potential liability under punitive damage theories may increase significantly the difficulty of obtaining reasonable reimbursement of coverage claims.

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 consolidated financial position or results of operations.

The Company has no other known material contingencies.

### *Provisions for uncollectible amounts*

At December 31, 2025 and 2024, the Company reported admitted assets of \$1,091,003,644 and \$997,481,893, respectively, in premium receivables and receivables due from uninsured plans. Based upon the Company’s experience, any uncollectible receivables are not expected to exceed \$52,301,231 that was nonadmitted at December 31, 2025; 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 2025 and 2024 was \$3,565,829 and \$3,857,363, respectively.

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, 2025 and 2024, the Company has lease exit costs liabilities of \$3,455,368 and \$6,644,079, respectively, included in general expenses due or accrued on the balance sheet.

NOTES TO FINANCIAL STATEMENTS

(2) At December 31, 2025, the minimum aggregate rental commitments are as follows:

	<u>Year Ending December 31</u>	<u>Operating Leases</u>
1.	2026	\$ 6,563,080
2.	2027	4,444,108
3.	2028	3,778,885
4.	2029	3,713,216
5.	2030	3,627,452
6.	Thereafter	3,076,578
7.	Total (sum of 1 through 6)	<u>\$ 25,203,319</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 as a lessor.
- (2) The Company has not entered into any leveraged leases.

**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, 2025, 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, 2025 and 2024.

**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, 2025 the fair value of securities loaned was \$154,249,584, and the carrying value of securities loaned was \$148,064,110.

(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, 2025 and 2024, there were no wash sales involving securities with an NAIC designation of 3 or below or unrated.

NOTES TO FINANCIAL STATEMENTS

**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 2025 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	\$ 24,962,098	\$ —	\$ 24,962,098
b. Total net other income or expenses (including interest paid to or received from plans)	—	—	—
c. Net gain or (loss) from operations	\$ 24,962,098	\$ —	\$ 24,962,098
d. Total claim payment volume	\$ 1,640,319,673	\$ —	\$ 1,640,319,673

**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 2025 was:

	ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASC
a. Gross reimbursement for medical cost incurred	\$ 9,686,061,238	\$ —	\$ 9,686,061,238
b. Gross administrative fees accrued	440,568,751	—	440,568,751
c. Other income or expenses (including interest paid to or received from plans)	—	—	—
d. Gross expenses incurred (claims and administrative)	\$ 10,126,629,989	\$ —	\$ 10,126,629,989
e. Total gain or (loss) from operations	\$ 180,979,702	\$ —	\$ 180,979,702

**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.

(2)

Receivable from	Related to	2025	2024
Federal government	ACA and Medicare cost sharing and reinsurance programs	\$ 49,812,514	\$ 44,971,035
Uninsured plans	Uninsured business, not including pharmaceutical rebate or provider receivables	\$ 351,435,076	\$ 331,066,491

(3) As no revenue is recorded in connection with the cost share and reinsurance components of the Company's Medicare or similarly structured cost-based reimbursement arrangements, 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.

NOTES TO FINANCIAL STATEMENTS

**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, 2025 and 2024.

**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					
Perpetual preferred stock					
Industrial and misc	\$ —	\$ 203,000	\$ —	\$ —	\$ 203,000
Total perpetual preferred stocks	\$ —	\$ 203,000	\$ —	\$ —	\$ 203,000
Bonds					
Issuer credit obligations	\$ —	\$12,443,496	\$ —	\$ —	\$12,443,496
Asset-backed securities	—	581,148	—	—	581,148
Total bonds	\$ —	\$13,024,644	\$ —	\$ —	\$13,024,644
Common stock					
Industrial and misc	\$ 3,602	\$ 1,221,484	\$12,731,360	\$ —	\$13,956,446
Total common stocks	\$ 3,602	\$ 1,221,484	\$12,731,360	\$ —	\$13,956,446
Short-term investments					
Issuer credit obligations	\$ —	\$ 172,898	\$ —	\$ —	\$ 172,898
Total short-term investments	\$ —	\$ 172,898	\$ —	\$ —	\$ 172,898
Total assets at fair value/NAV	\$ 3,602	\$14,622,026	\$12,731,360	\$ —	\$27,356,988

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

Description	Beginning Balance at 01/01/2025	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 12/31/2025
a. Assets										
Common Stock										
Industrial and misc	\$ 10,159,742	196,224	(124,120)	(928)	12,966	23,318,800	—	(20,831,324)	—	\$12,731,360
Bonds										
Asset backed securities	9,197,595	—	(7,571,059)	—	—	—	—	(1,626,536)	—	—
Total assets	\$ 19,357,337	196,224	(7,695,179)	(928)	12,966	23,318,800	—	(22,457,860)	—	\$12,731,360

(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

## NOTES TO FINANCIAL STATEMENTS

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, 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.

Fair values of investments in residual tranche securities are based on the 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. Certain residual bond tranches are designated Level 3. For these securities, the valuation methodology may incorporate broker quotes or discounted cash flows using internal modeling and assumptions.

Fair Values of mortgage loans on real estate are designated Level 3. The fair values are calculated using discounted cash flows benchmarked against the 10 Year U.S. Treasury plus a market rate spread.

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, 2025 and 2024.

NOTES TO FINANCIAL STATEMENTS

**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)
Issuer credit obligations	\$ 1,124,953,671	\$ 1,089,112,822	\$ —	\$ 1,117,607,632	\$ 7,346,039	\$ —	\$ —
Asset-backed securities	838,237,536	856,428,729	—	664,015,615	174,221,921	—	—
Preferred stock	2,929,629	2,808,250	—	2,929,629	—	—	—
Unaffiliated common stock	13,956,446	13,956,446	3,602	1,221,484	12,731,360	—	—
Cash equivalents	4,800,000	4,800,000	—	4,800,000	—	—	—
Short-term investments	321,075	316,967	—	321,075	—	—	—
Securities lending collateral asset	157,713,278	157,680,879	—	157,713,278	—	—	—
Mortgage loans on real estate	270,666,305	283,124,226	—	—	270,666,305	—	—
Residual tranches securities	24,308,059	23,807,811	—	—	24,308,059	—	—

**D. Not Practicable to Estimate Fair Value**

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

**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**

Not applicable at December 31, 2025 and 2024.

**B. Troubled Debt Restructuring: Debtors**

Not applicable at December 31, 2025 and 2024.

**C. Other Disclosures**

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-

## NOTES TO FINANCIAL STATEMENTS

out and reimbursement of allowable administrative expenses would be returned to OPM 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 \$5,771,192 and \$0 as of December 31, 2025 and 2024, 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 34.2% and 33.4% of premiums receivable as of December 31, 2025 and 2024, respectively. FEP represented approximately 10.6% and 11.3% of net premiums written for the years ended December 31, 2025 and 2024, respectively.

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

The Company has reported no recoveries for business interruption for the years ended December 31, 2025 and 2024.

### **E. State and Federal Tax Credits**

The Company did not have state or federal tax credits at December 31, 2025.

### **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 Elevance Health Investment Impairment Review Committee.

(2) The Company did not carry investments in subprime mortgage loans in its portfolio at December 31, 2025 or 2024.

NOTES TO FINANCIAL STATEMENTS

(3) At December 31, 2025, 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. Asset-backed securities	\$ 20,821,954	\$ 20,925,939	\$ 20,948,019	\$ —
b. Collateralized loan obligations	—	—	—	—
c. Equity investments in SCAs*	—	—	—	—
d. Other assets	—	—	—	—
e. Total	\$ 20,821,954	\$ 20,925,939	\$ 20,948,019	\$ —

(4) The Company did not underwrite Mortgage Guaranty or Financial Guaranty insurance coverage at December 31, 2025 or 2024.

**G. Retained Assets**

The Company does not have retained assets at December 31, 2025 and 2024.

**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	\$ 274,887,714
(2) Percentage bonds	6 %
(3) Percentage stocks	5 %
(4) Percentage mortgage loans	— %
(5) Percentage real estate	— %
(6) Percentage cash and short-term investments	2 %
(7) Percentage derivatives	— %
(8) Percentage other invested assets	87 %

**22. Events Subsequent**

On January 23, 2026 the Company's borrowing of \$150,000,000 from the FHLBC matured and was paid in full. On January 23, 2026, the Company borrowed \$150,000,000 from the FHLBC. The advance matured on January 30, 2026.

Subsequent events have been considered through February 24, 2026 for the statutory statement issued on February 25, 2026. There were no other events occurring subsequent to December 31, 2025 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?

NOTES TO FINANCIAL STATEMENTS

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.

- (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.

(\$2,537,086)

- (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, 2025 and 2024.

NOTES TO FINANCIAL STATEMENTS

**C. Commutation of Ceded Reinsurance**

The Company has not commuted ceded reinsurance during 2025 and 2024.

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

The Company has no downgraded certified reinsurer ratings or status subject to revocations during 2025 and 2024.

**E. Reinsurance Credit**

(1) The Company has the following reinsurance contracts subject to Life and Health Reinsurance Agreements Model Regulation Appendix A-791 (“A-791”) that includes a provision which limits the reinsurer’s assumption of risks, such as a deductible, a loss ratio corridor, a loss cap, or an aggregate limit, as defined in A-791:

Name of Reinsurer	Number of contracts to which such provisions apply	Was Deposit Accounting Applied (Yes or No)
Anthem Insurance Companies, Inc.	1	N

- (2) Not applicable.
- (3) Not applicable.
- (4) Not applicable.
- (5) Not applicable.
- (6) Not applicable.

**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, 2025 and 2024 that were subject to retrospective rating features was \$10,145,691,396 and \$9,449,995,905, respectively, which represented, 91.9% and 92.0%, 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.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Community Insurance Company

NOTES TO FINANCIAL STATEMENTS

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:

	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Year Reporting:					
(1) Medical loss ratio rebates incurred	\$ 600,214	\$14,637,131	\$ —	\$ 775,696	\$ 16,013,041
(2) Medical loss ratio rebates paid	—	8,284,630	—	182,047	8,466,677
(3) Medical loss ratio rebates unpaid	600,214	13,872,203	—	593,649	15,066,066
(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	\$ 15,066,066
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$ —	\$ 3,264,884	\$ —	\$ 178,515	\$ 3,443,399
(8) Medical loss ratio rebates paid	—	13,110,003	—	772,164	13,882,167
(9) Medical loss ratio rebates unpaid	600,214	4,027,084	—	—	4,627,298
(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	\$ 4,627,298

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  
1. (including high risk pool payments) \$ 10,979,182

Liabilities

2. Risk adjustment user fees payable for ACA Risk Adjustment \$ 281,471

Premium adjustments payable due to ACA Risk Adjustment (including  
3. high risk pool premiums) \$ 21,126,832

Operations (Revenue & Expense)

4. Reported as revenue in premium for accident and health contracts  
(written/collected) due to ACA Risk Adjustment \$ (11,081,087)

5. Reported in expenses as ACA risk adjustment user fees (incurred/paid) \$ 285,887

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

(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		Unsettled Balances as of the Reporting Date		
1	2	3	4	Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances	Ref	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)

a. Permanent ACA Risk Adjustment Program

1. Premium adjustments receivable (including high risk pool payments)	\$ 9,002,069	\$ —	\$17,739,062	\$ —	\$ (8,736,993)	\$ —	\$ 8,737,339	\$ —	A	\$ 346	\$ —
2. Premium adjustments (payable) (including high risk pool premiums)	\$ —	\$ 5,755,139	\$ —	\$ 12,366,521	\$ —	\$ (6,611,382)	\$ —	\$ 6,611,382	B	\$ —	\$ —
3. Total ACA Permanent Risk Adjustment Program	\$ 9,002,069	\$ 5,755,139	\$17,739,062	\$ 12,366,521	\$ (8,736,993)	\$ (6,611,382)	\$ 8,737,339	\$ 6,611,382		\$ 346	\$ —

Explanations of Adjustments

- A Adjustments were made to reflect the ending balance in the Centers for Medicare & Medicaid Services "Summary Report on Permanent Risk Adjustment Transfers for the 2024 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 2024 Benefit Year."

NOTES TO FINANCIAL STATEMENTS

**25. Change in Incurred Claims and Claim Adjustment Expenses**

- A. The estimated cost of claims and claim adjustment expense attributable to insured events of prior years decreased by \$205,283,413 during 2025. This is approximately 19.3% of unpaid claims and claim adjustment expenses, net of healthcare receivables, of \$1,061,505,918 as of December 31, 2024. 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 2025. Recent claim development trends are also taken into account in evaluating the overall adequacy of unpaid claims and unpaid claim adjustment expense.
- B. There were no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses.

**26. Intercompany Pooling Arrangements**

Not applicable at December 31, 2025 and 2024.

**27. Structured Settlements**

Not applicable at December 31, 2025 and 2024.

**28. Health Care Receivables**

**A. Pharmaceutical Rebate Receivables**

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
12/31/2025	\$ 93,771,636	\$ 221,128,359	\$ 127,356,723	\$ —	\$ —
9/30/2025	\$ 80,796,615	\$ 217,040,460	\$ 203,941,407	\$ —	\$ —
6/30/2025	\$ 74,411,339	\$ 202,024,958	\$ 190,941,985	\$ 11,082,973	\$ —
3/31/2025	\$ 52,780,967	\$ 168,986,077	\$ 157,585,161	\$ 11,400,916	\$ —
12/31/2024	\$ 69,022,099	\$ 191,044,415	\$ 179,916,448	\$ 11,127,967	\$ —
9/30/2024	\$ 66,724,257	\$ 178,760,557	\$ 168,057,701	\$ 10,702,856	\$ —
6/30/2024	\$ 62,737,527	\$ 169,877,680	\$ 157,950,057	\$ 11,927,623	\$ —
3/31/2024	\$ 48,363,031	\$ 159,049,655	\$ 146,611,394	\$ 12,438,261	\$ —
12/31/2023	\$ 56,412,712	\$ 152,330,571	\$ 141,405,934	\$ 10,924,637	\$ —
9/30/2023	\$ 61,572,286	\$ 164,705,553	\$ 153,971,497	\$ 10,734,056	\$ —
6/30/2023	\$ 59,750,774	\$ 156,408,364	\$ 145,521,047	\$ 10,887,316	\$ —
3/31/2023	\$ 66,838,755	\$ 150,593,984	\$ 138,483,338	\$ 12,110,646	\$ —

**Note:** Amounts within column "Estimated pharmacy rebates as reported on financial statements" include \$10,479,157 of uninsured admitted pharmacy rebate receivables at December 31, 2025 that are reported within Pg 2, Ln 17 "Amounts receivable relating to uninsured plans."

**B. Risk Sharing Receivables**

Not applicable at December 31, 2025 and 2024.

NOTES TO FINANCIAL STATEMENTS

**C. Other Health Care Receivables**

- (1) Amounts included in other health care receivables which are recoverable from participants in Medicare Part D Prescription Payment Plan for the current reporting period \$ 423,984.
- (2) Aging of other health care receivables which are due from participant in Medicare Part D Prescription Payment Plan.

Name of Plan	1	2	3	4	5	6	7
	Current Period Gross*	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Medicare Prescription Payment Plan Recoverables	\$ 514,783	\$ 382,889	\$ 21,730	\$ 19,365	\$ 90,799	\$ 90,799	\$ 423,984

\* represents the Assets Page Column 1, included within Line 24 before nonadmission

- (3) Incurred claims expense includes write-offs of impaired Medicare Prescription Payment Plan receivables of \$0 for 2025.

**29. Participating Policies**

Not applicable at December 31, 2025 and 2024.

**30. Premium Deficiency Reserves**

The Company had no liabilities related to premium deficiency reserves as of December 31, 2025 and \$53,227,063 at December 31, 2024.

**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 \$11,504,326 and \$8,345,313 at December 31, 2025 and 2024, 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? ..... Yes [ X ] No [ ]  
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.
- 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. .... 12/31/2022
- 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. .... 12/31/2022
- 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). .... 06/25/2024
- 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? ..... Yes [ ] No [ X ]  
4.12 renewals? ..... 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? ..... Yes [ ] No [ X ]  
4.22 renewals? ..... Yes [ ] No [ X ]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [ X ]  
If yes, complete and file the merger history data file with the NAIC.
- 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, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Community Insurance Company  
**GENERAL INTERROGATORIES**

- 8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]
- 8.2 If the response to 8.1 is yes, please identify the name of the DIHC.  
 .....
- 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 locations (city and state of the main office) of any affiliates regulated by a federal financial 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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

- 8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? ..... Yes [ ] No [ X ]
- 8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? ..... Yes [ ] No [ X ] N/A [ ]
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
 Ernst & Young, 835 N College Ave Suite 1125, Indianapolis 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?  
 Theodore Hemmplardh (employee) FSA, MAAA, Associate Actuary 13554 Russet Leaf Lane San Diego, CA 92129 .....
- 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 [ X ] No [ ]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).  
 1.Added a new section on mobile devices, stating that Elevance Health has the right to physically access any personal device used for company business to inspect, review, and collect company information.  
 2.Strengthened language on secondary employment, emphasizing its potential to distract from associates' primary responsibilities and misappropriate compensation from Elevance Health. This also includes a reminder about conducting secondary employment/external activities such as freelancing, public speaking, and contributions to external publications.  
 3.Introduced a new section on the Enterprise Firewall policy to ensure the proper use and disclosure of Competitively Sensitive Information within the Elevance Health family of companies 4.Included a Q&A on conference fees and clarified that all cash gifts must be declined.  
 5.Added language mandating that all Artificial Intelligence, machine learning, and large language models must be developed and/or used in accordance with the Enterprise AI policy.  
 6.Revised sections of the Code to comply with Section 508 of the Rehabilitation Act, ensuring individuals with disabilities have equal access to electronic information and data comparable to those without disabilities. ....
- 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**

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? ..... Yes [ ] No [ X ]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

**BOARD OF DIRECTORS**

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 or is likely to conflict with the official duties of such person? ..... Yes [ X ] No [ ]

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? ..... Yes [ ] No [ X ]
- 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 [ ] No [ X ]
- 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 [ X ] No [ ]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$ .....
  - 22.22 Amount paid as expenses .....\$ ..... 244,922
  - 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 [ ] No [ X ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ .....
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? ..... Yes [ ] No [ X ]
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)

**INVESTMENT**

- 25.01 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 25.03)..... Yes [ X ] No [ ]

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Community Insurance Company

**GENERAL INTERROGATORIES**

- 25.02 If no, give full and complete information, relating thereto  
.....
- 25.03 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 and 17B. ....
- 25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. .... \$ 157,680,879
- 25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. .... \$ .....
- 25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? ..... Yes  No  N/A
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? ..... Yes  No  N/A
- 25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? ..... Yes  No  N/A
- 25.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:
- 25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$ 157,713,278
- 25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$ 157,680,879
- 25.093 Total payable for securities lending reported on the liability page ..... \$ 157,680,879

- 26.1 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 25.03). ..... Yes  No
- 26.2 If yes, state the amount thereof at December 31 of the current year:
- 26.21 Subject to repurchase agreements ..... \$ .....
- 26.22 Subject to reverse repurchase agreements ..... \$ 4,800,000
- 26.23 Subject to dollar repurchase agreements ..... \$ .....
- 26.24 Subject to reverse dollar repurchase agreements ..... \$ .....
- 26.25 Placed under option agreements ..... \$ .....
- 26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock ..... \$ .....
- 26.27 FHLB Capital Stock ..... \$ 12,090,100
- 26.28 On deposit with states ..... \$ 4,069,092
- 26.29 On deposit with other regulatory bodies ..... \$ .....
- 26.30 Pledged as collateral - excluding collateral pledged to an FHLB ..... \$ .....
- 26.31 Pledged as collateral to FHLB - including assets backing funding agreements ..... \$ 248,386,658
- 26.32 Other ..... \$ .....

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....	.....	.....

- 27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? ..... Yes  No
- 27.2 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 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

- 27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? ..... Yes  No
- 27.4 If the response to 27.3 is YES, does the reporting entity utilize:
- 27.41 Special accounting provision of SSAP No. 108 ..... Yes  No
- 27.42 Permitted accounting practice ..... Yes  No
- 27.43 Other accounting guidance ..... Yes  No
- 27.5 By responding YES to 27.41 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.
- 28.1 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
- 28.2 If yes, state the amount thereof at December 31 of the current year. .... \$ .....
29. 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

29.01 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 2025 OF THE Community Insurance Company

**GENERAL INTERROGATORIES**

29.02 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)
.....	.....	.....

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?..... Yes [ ] No [ X ]

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

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

29.05 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. This includes both primary and sub-advisors. 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
Elevance Health, Inc. ....	I.....
Ares Management LLC .....	U.....
Bain Capital Credit, LP .....	U.....
BlackRock Financial Management .....	U.....
Kayne Anderson Capital Advisors .....	U.....
Loomis, Sayles & Company, LP .....	U.....
NB Alternatives Advisers LLC .....	U.....
Pacific Investment Management Company .....	U.....
R4CF Mortgage .....	U.....
Western Asset Management .....	U.....

29.0597 For those firms/individuals listed in the table for Question 29.05, 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 [ ] N/A [ ]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [ X ] No [ ] N/A [ ]

29.06 For those firms or individuals listed in the table for 29.05 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 Registered With	4 Investment Management Agreement (IMA) Filed
130074 .....	Ares Management LLC .....	Securities Exchange Commission .....	NO.....
134852 .....	Bain Capital Credit, LP .....	Securities Exchange Commission .....	NO.....
107105 .....	BlackRock Financial Management .....	Securities Exchange Commission .....	NO.....
104536 .....	Kayne Anderson Capital Advisors .....	Securities Exchange Commission .....	NO.....
105377 .....	Loomis, Sayles & Company, LP .....	Securities Exchange Commission .....	NO.....
149822 .....	NB Alternatives Advisers LLC .....	Securities Exchange Commission .....	NO.....
104559 .....	Pacific Investment Management Company .....	Securities Exchange Commission .....	NO.....
.....	R4CF Mortgage .....	Not a Registered Investment Advisor .....	NO.....
110441 .....	Western Asset Management .....	Securities Exchange Commission .....	NO.....

30.1 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 ]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 - Total		0

30.3 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 2025 OF THE Community Insurance Company  
**GENERAL INTERROGATORIES**

31. 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 (+)
31.1 Issuer Credit Obligations .....	1,094,229,789	1,130,074,745	35,844,956
31.2 Asset-Backed Securities .....	856,428,729	838,237,536	(18,191,193)
31.3 Preferred stocks .....	2,808,250	2,929,629	121,379
31.4 Totals	1,953,466,768	1,971,241,910	17,775,142

31.5 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. ....

32.1 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 [ ]

32.2 If the answer to 32.1 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 [ ]

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:  
 .....

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

33.2 If no, list exceptions:  
 .....

34. 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 ]

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:

- a. The security was either:
  - i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
  - ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
- b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
- c. The NAIC Designation and NAIC Designation Category were 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, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
- d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual? ..... Yes [ ] No [ X ]

36. 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 ]

37. 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 37.a - 37.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 2025 OF THE Community Insurance Company  
**GENERAL INTERROGATORIES**

38.1 Does the reporting entity directly hold cryptocurrencies? ..... Yes [ ] No [ X ]

38.2 If the response to 38.1 is yes, on what schedule are they reported?  
 .....

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? ..... Yes [ ] No [ X ]

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?  
 39.21 Held directly ..... Yes [ ] No [ ]  
 39.22 Immediately converted to U.S. dollars ..... Yes [ ] No [ ]

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums
.....	.....	.....

**OTHER**

40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? .....\$ ..... 3,052,174

40.2 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 .....	3,052,174

41.1 Amount of payments for legal expenses, if any? .....\$ ..... 12,465,874

41.2 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 .....	4,789,995

42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? .....\$ ..... 168,000

42.2 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 .....	96,000
Ockerman Consulting .....	72,000
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 2025 Annual Statement. ....	

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Community Insurance Company

**GENERAL INTERROGATORIES**

**PART 2 - HEALTH INTERROGATORIES**

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? ..... Yes  No

1.2 If yes, indicate premium earned on U.S. business only. .... \$ 191,598,721

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. .... \$ 152,941,377

1.6 Individual policies: Most current three years:

1.61 Total premium earned ..... \$ 34,651,184

1.62 Total incurred claims ..... \$ 29,724,759

1.63 Number of covered lives ..... 13,690

All years prior to most current three years:

1.64 Total premium earned ..... \$ 133,356,396

1.65 Total incurred claims ..... \$ 104,232,417

1.66 Number of covered lives ..... 48,462

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 ..... \$ 23,591,141

1.75 Total incurred claims ..... \$ 18,984,201

1.76 Number of covered lives ..... 5,777

2. Health Test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator .....	11,080,940,394	10,301,022,840
2.2 Premium Denominator .....	11,082,038,490	10,301,901,743
2.3 Premium Ratio (2.1/2.2) .....	1.000	1.000
2.4 Reserve Numerator .....	1,277,425,387	1,267,442,984
2.5 Reserve Denominator .....	1,277,708,413	1,267,641,623
2.6 Reserve Ratio (2.4/2.5) .....	1.000	1.000

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

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  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

5.2 If no, explain:  
The Company has a \$1,000,000 maximum risk per Individual for its Medicaid business. ....

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, Elevance Health, 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  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 ..... 110,549  
8.2 Number of providers at end of reporting year ..... 119,925

9.1 Does the reporting entity have business subject to premium rate guarantees? ..... Yes  No

9.2 If yes, direct premium earned: 9.21 Business with rate guarantees between 15-36 months.. \$ 73,052,159  
9.22 Business with rate guarantees over 36 months ..... \$ 4,430,021

ANNUAL STATEMENT FOR THE YEAR 2025 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.....\$ ..... 98,686,784

10.22 Amount actually paid for year bonuses.....\$ ..... 139,625,378

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 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 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 2025 OF THE Community Insurance Company

**FIVE-YEAR HISTORICAL DATA**

	1 2025	2 2024	3 2023	4 2022	5 2021
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28) .....	4,061,690,860	3,862,517,090	3,561,355,040	3,100,983,104	2,354,905,400
2. Total liabilities (Page 3, Line 24) .....	2,369,764,444	2,483,672,300	1,943,838,646	1,760,359,595	1,349,982,698
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) .....	1,691,926,416	1,378,844,790	1,617,516,394	1,340,623,509	1,004,922,702
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8) .....	11,082,038,490	10,301,901,743	9,851,801,872	9,663,101,593	7,379,553,203
6. Total medical and hospital expenses (Line 18) .....	9,921,146,906	9,049,069,570	8,273,515,121	8,385,109,656	6,372,968,211
7. Claims adjustment expenses (Line 20) .....	266,994,730	268,999,788	285,538,794	308,987,451	224,128,777
8. Total administrative expenses (Line 21) .....	557,728,352	704,027,381	721,445,883	718,844,908	438,124,490
9. Net underwriting gain (loss) (Line 24) .....	394,430,645	228,391,156	572,473,676	251,993,435	346,322,537
10. Net investment gain (loss) (Line 27) .....	127,278,140	121,364,576	89,692,801	37,417,274	39,507,155
11. Total other income (Lines 28 plus 29) .....	21,247,032	29,240,524	31,972,489	27,185,353	14,401,211
12. Net income or (loss) (Line 32) .....	470,092,282	276,069,085	517,285,621	271,239,930	319,740,524
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11) .....	210,283,016	308,198,314	541,689,635	554,538,371	105,578,514
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital .....	1,691,926,416	1,378,844,790	1,617,516,394	1,340,623,509	1,004,922,702
15. Authorized control level risk-based capital .....	387,862,633	345,456,709	318,663,254	343,973,192	267,712,803
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7) .....	2,426,374	2,329,907	2,236,645	2,640,223	2,319,841
17. Total members months (Column 6, Line 7) .....	29,338,761	27,934,419	27,483,025	31,631,604	27,569,562
<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) .....	89.5	87.8	84.0	86.8	86.4
20. Cost containment expenses .....	1.4	1.5	1.6	1.9	1.9
21. Other claims adjustment expenses .....	1.0	1.1	1.3	1.3	1.1
22. Total underwriting deductions (Line 23) .....	96.4	97.8	94.2	97.4	95.3
23. Total underwriting gain (loss) (Line 24) .....	3.6	2.2	5.8	2.6	4.7
<b>Unpaid Claims Analysis</b> (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5) .....	821,192,430	871,137,550	674,249,100	681,777,688	589,722,232
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)] .....	1,033,421,907	962,664,272	918,053,304	751,189,738	718,598,435
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 9 + 15, Col. 1) .....	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 22, Col. 1) .....	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 28, Col. 1) .....	0	0	0	0	0
29. Affiliated mortgage loans on real estate .....	0	0	0	0	10,016,993
30. All other affiliated .....	0	0	0	0	0
31. Total of above Lines 26 to 30 .....	0	0	0	0	10,016,993
32. Total investment in parent included in Lines 26 to 30 above .....	0	0	0	0	10,016,993

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 Corrections of Errors? Yes [ ] No [ ]  
If no, please explain: .....

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Community Insurance Company  
**SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS**

**Allocated by States and Territories**

States, etc.	1 Active Status (a)	Direct Business Only									
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts	
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	6,057,982	168,442,680						174,500,662	
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	3,361,524,246	4,666,419,878	1,170,019,161	1,679,759,406				10,877,722,691	
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 aliens	OT	XXX	0	0	0	0	0	0	0	0	0
59. Subtotal	XXX	3,367,582,228	4,834,862,558	1,170,019,161	0	1,679,759,406	0	0	11,052,223,353	0	0
60. Reporting entity contributions for employee benefit plans	XXX								0		0
61. Totals (direct business)	XXX	3,367,582,228	4,834,862,558	1,170,019,161	0	1,679,759,406	0	0	11,052,223,353	0	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	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0	0

(a) Active Status Counts:

- |                                                                                                    |   |                                                                            |    |
|----------------------------------------------------------------------------------------------------|---|----------------------------------------------------------------------------|----|
| 1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....                    | 2 | 4. Q - Qualified - Qualified or accredited reinsurer.....                  | 0  |
| 2. R - Registered - Non-domiciled RRGs.....                                                        | 0 | 5. N - None of the above - Not allowed to write business in the state..... | 55 |
| 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state..... | 0 |                                                                            |    |

(b) Explanation of basis of allocation by states, premiums by state, etc.

Not applicable

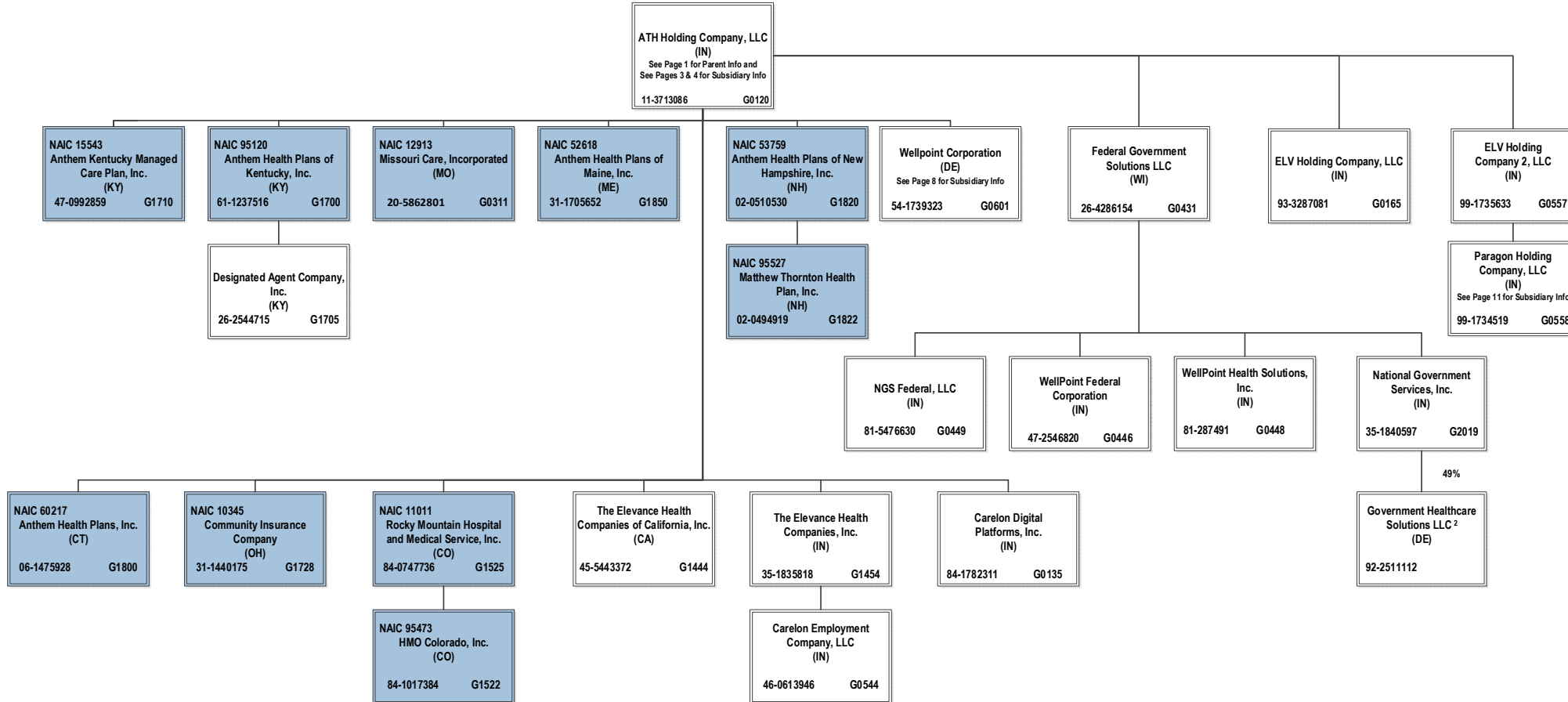


# SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

## 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



40.1

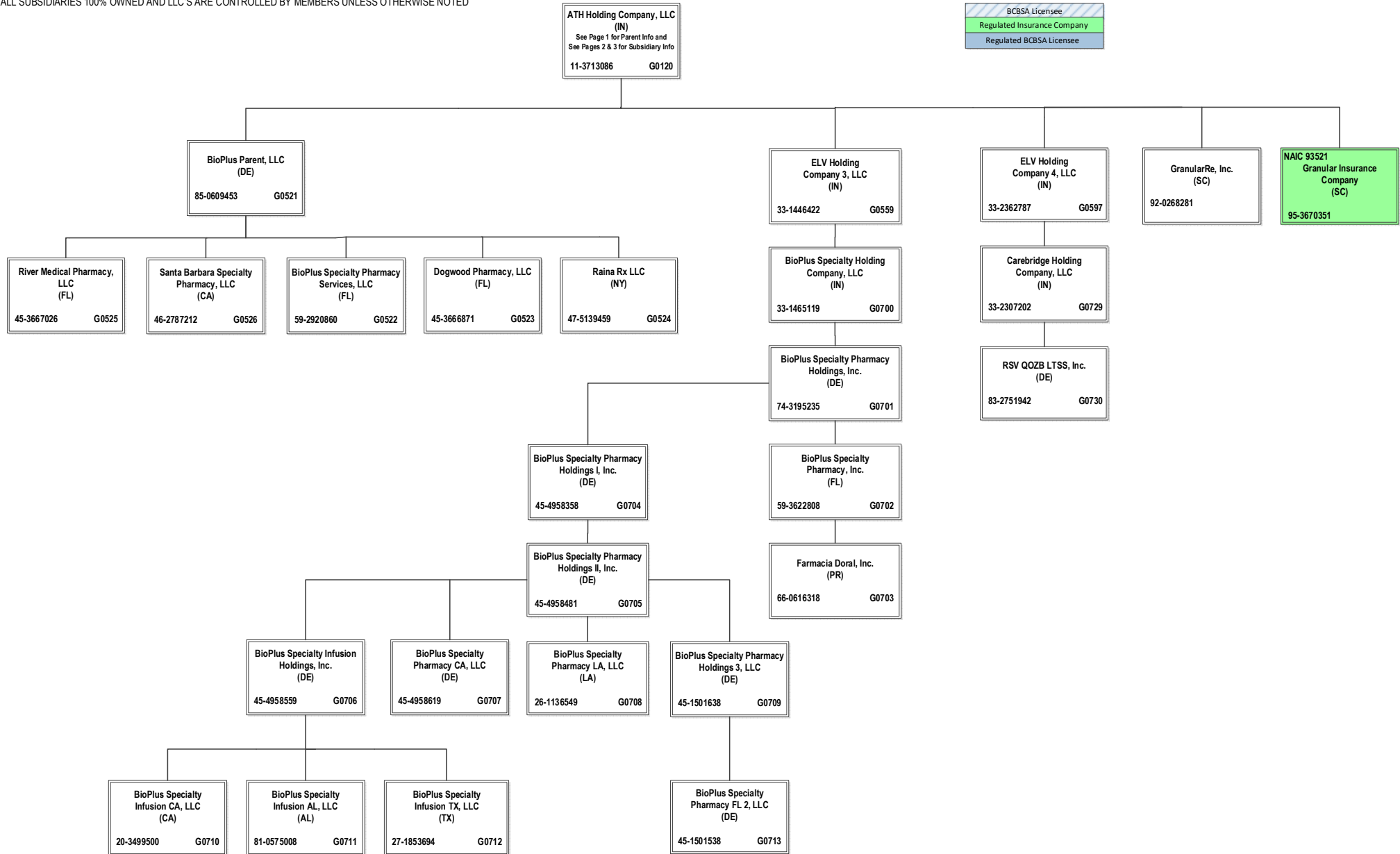
<sup>2</sup> Government Healthcare Solutions LLC. is a joint venture 49% owned by National Government Services, Inc. and 51% owned by MKS2 LLC (non-affiliate)



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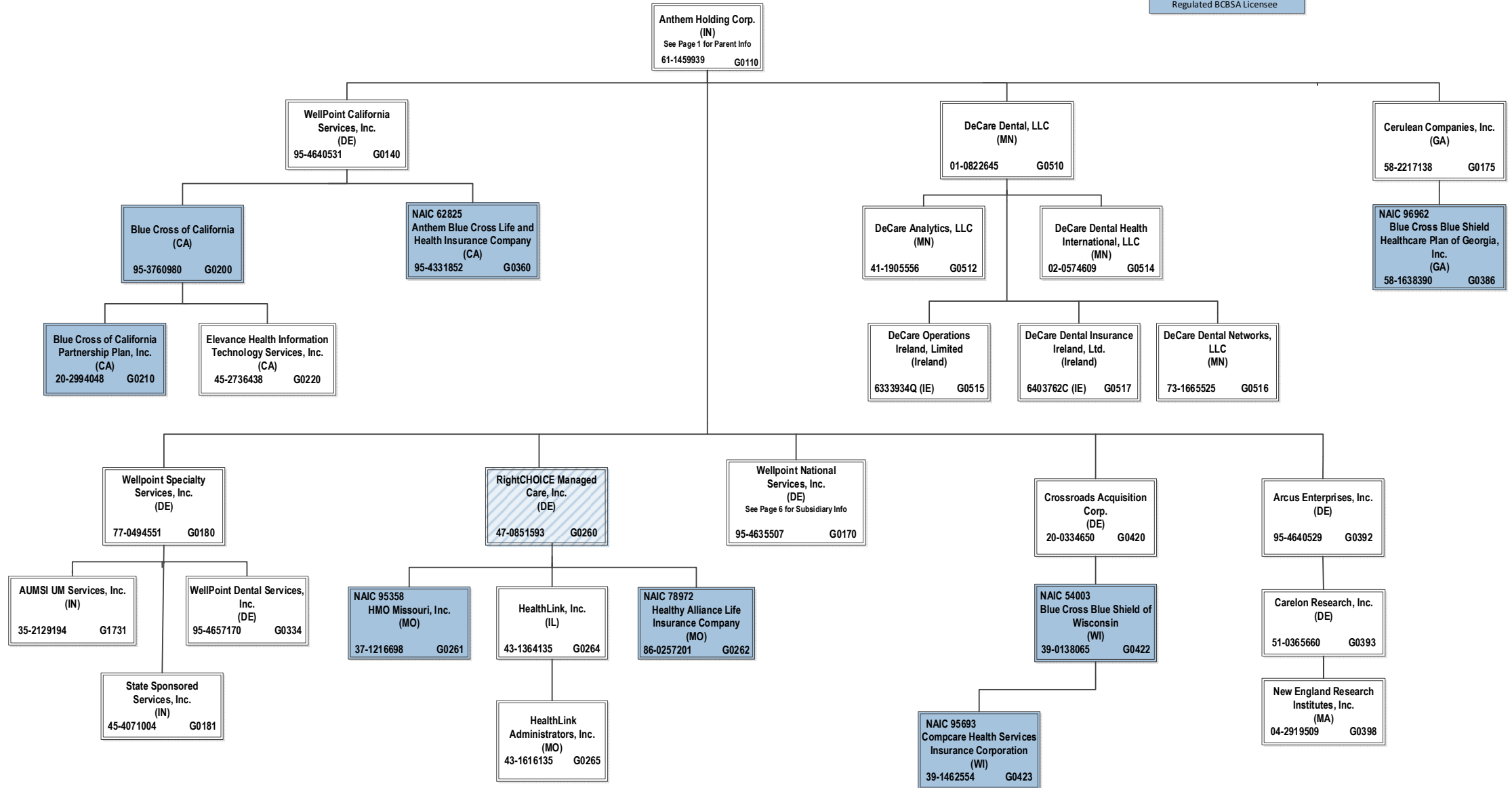


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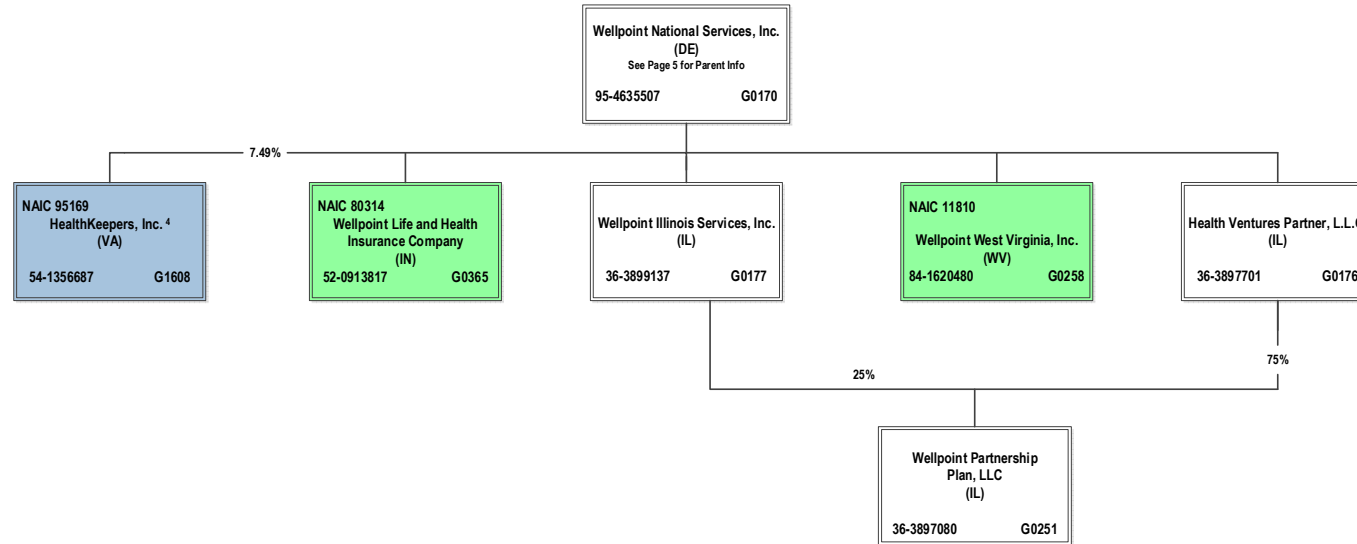


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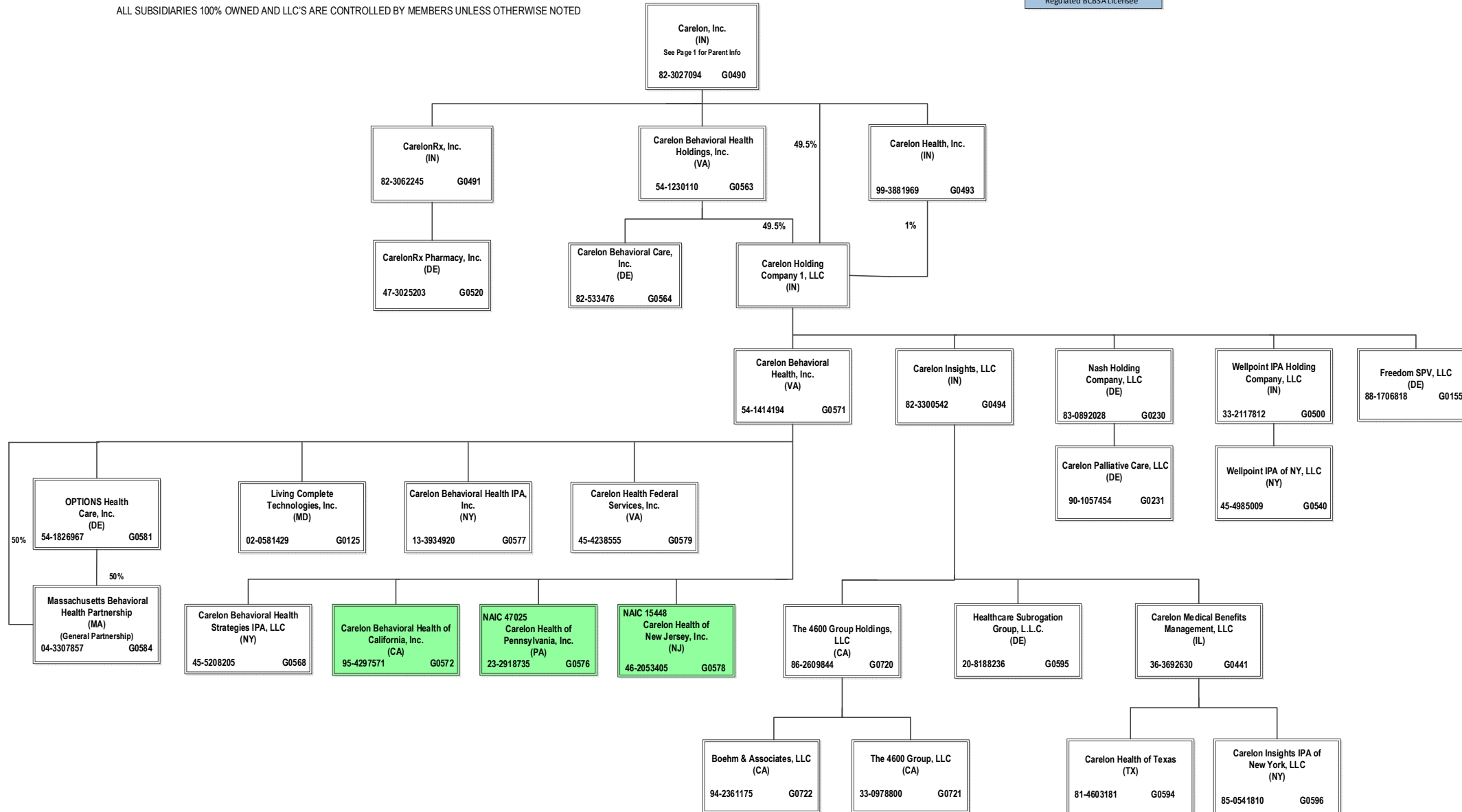


<sup>4</sup> HealthKeepers, Inc. is owned 92.51% by Anthem Southeast, Inc. and 7.49% by Wellpoint National Services, Inc.

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

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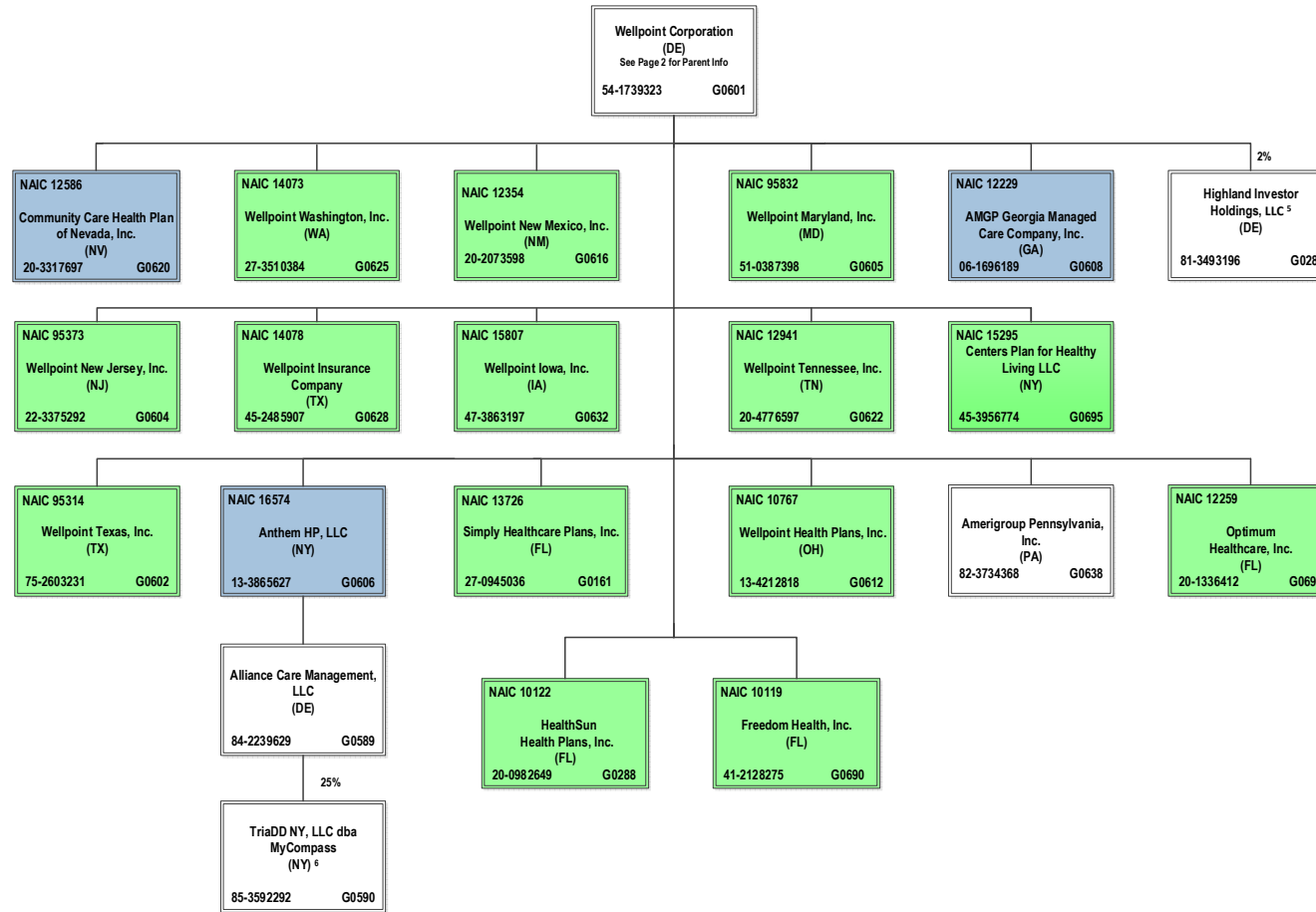
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**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
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<sup>5</sup> Wellpoint Corporation holds a 2% interest in Highland Investor Holdings, LLC, and ATH Holding Company, LLC holds the remaining 98% interest.

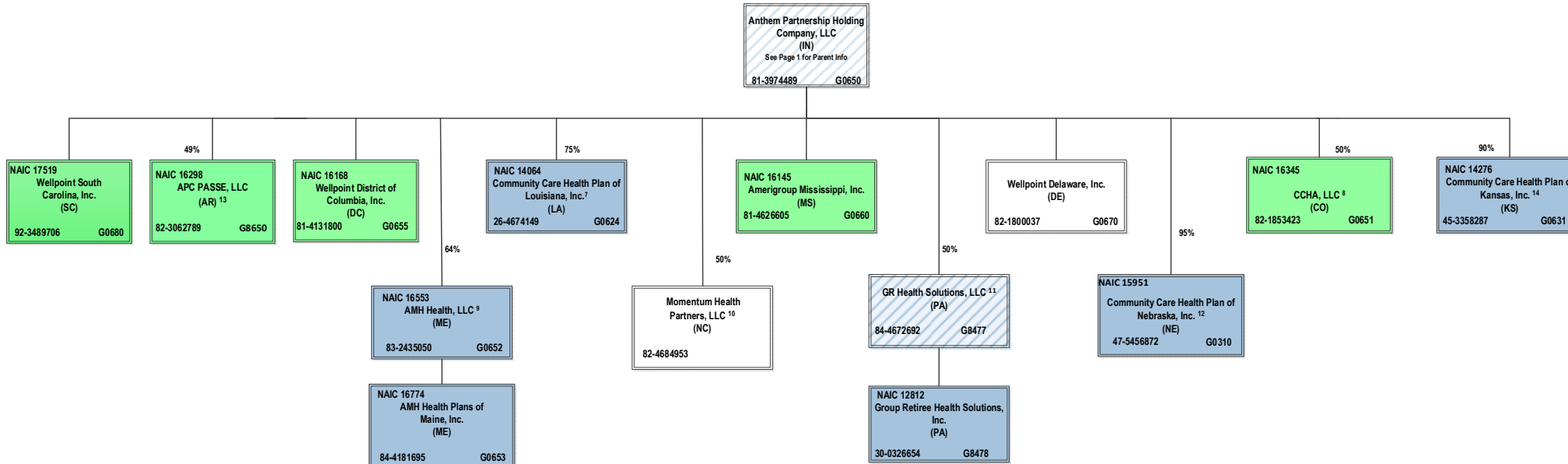
<sup>6</sup> TriaDD NY, LLC dba MyCompass is 25% owned by Alliance Care Management, LLC and the remaining 75% interest is owned by unaffiliated investors.

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<sup>7</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>8</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>9</sup> AMH Health, LLC is a joint venture 36% owned by MaineHealth (non-affiliate) and 64% owned by Anthem Partnership Holding Company, LLC

<sup>10</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>11</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>12</sup> Community Care Health Plan of Nebraska, Inc. is a joint venture 95% owned by Anthem Partnership Holding Company, LLC and 5% owned by Blue Cross and Blue Shield of Nebraska, Inc. (non-affiliate).

<sup>13</sup> APC PASSE, LLC (regulated entity) is a joint venture 49% owned by Anthem Partnership Holding Company, LLC and 51% owned by Arkansas Provider Coalition, LLC (non-affiliate).

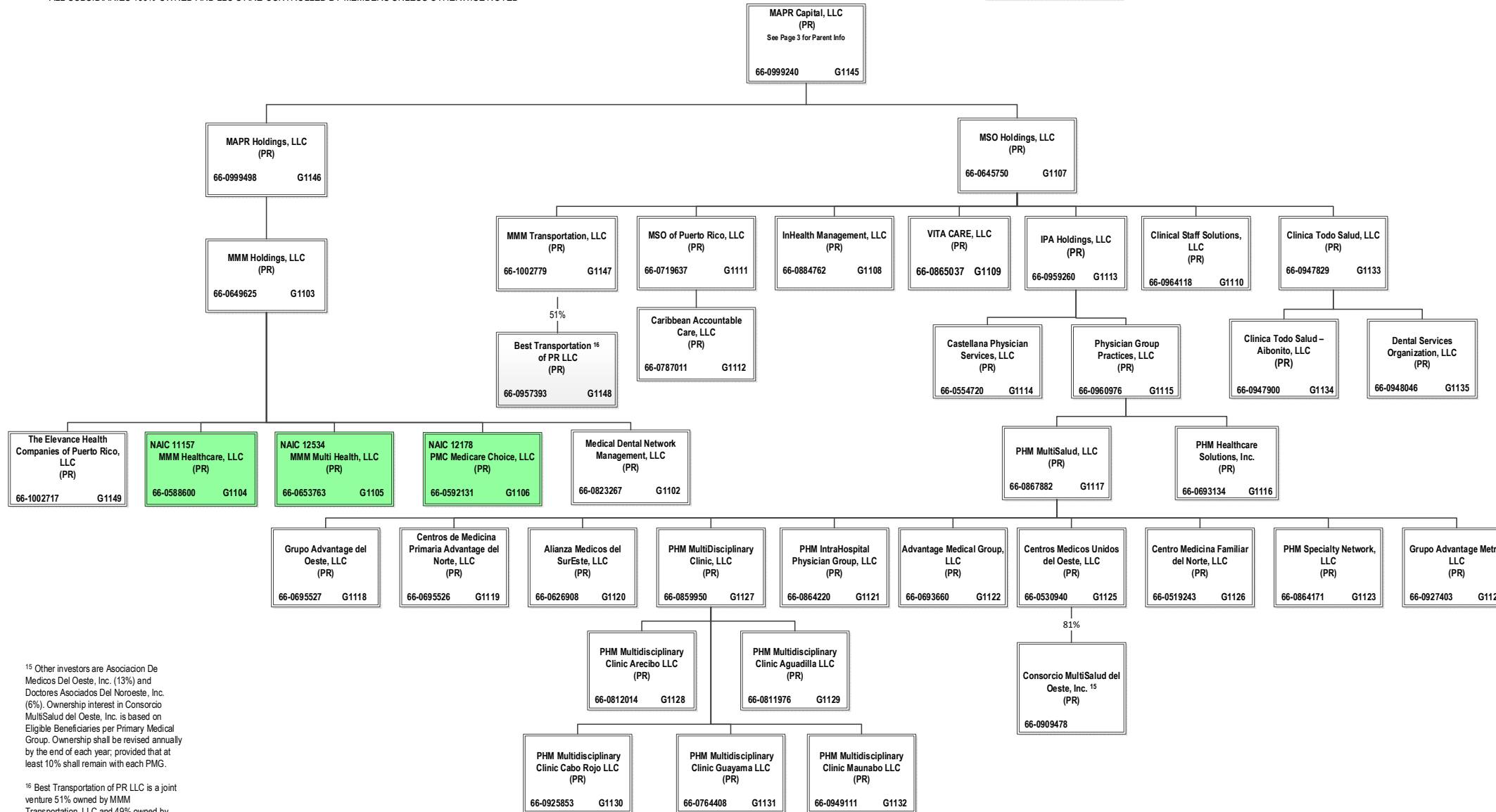
<sup>14</sup> Community Care Health Plan of Kansas, Inc. is a joint venture 90% owned by Anthem Partnership Holding Company, LLC, 5% owned by Blue Cross Blue Shield of Kansas, Inc. (non-affiliate) and 5% owned by Blue Cross and Blue Shield of Kansas City (non-affiliate).

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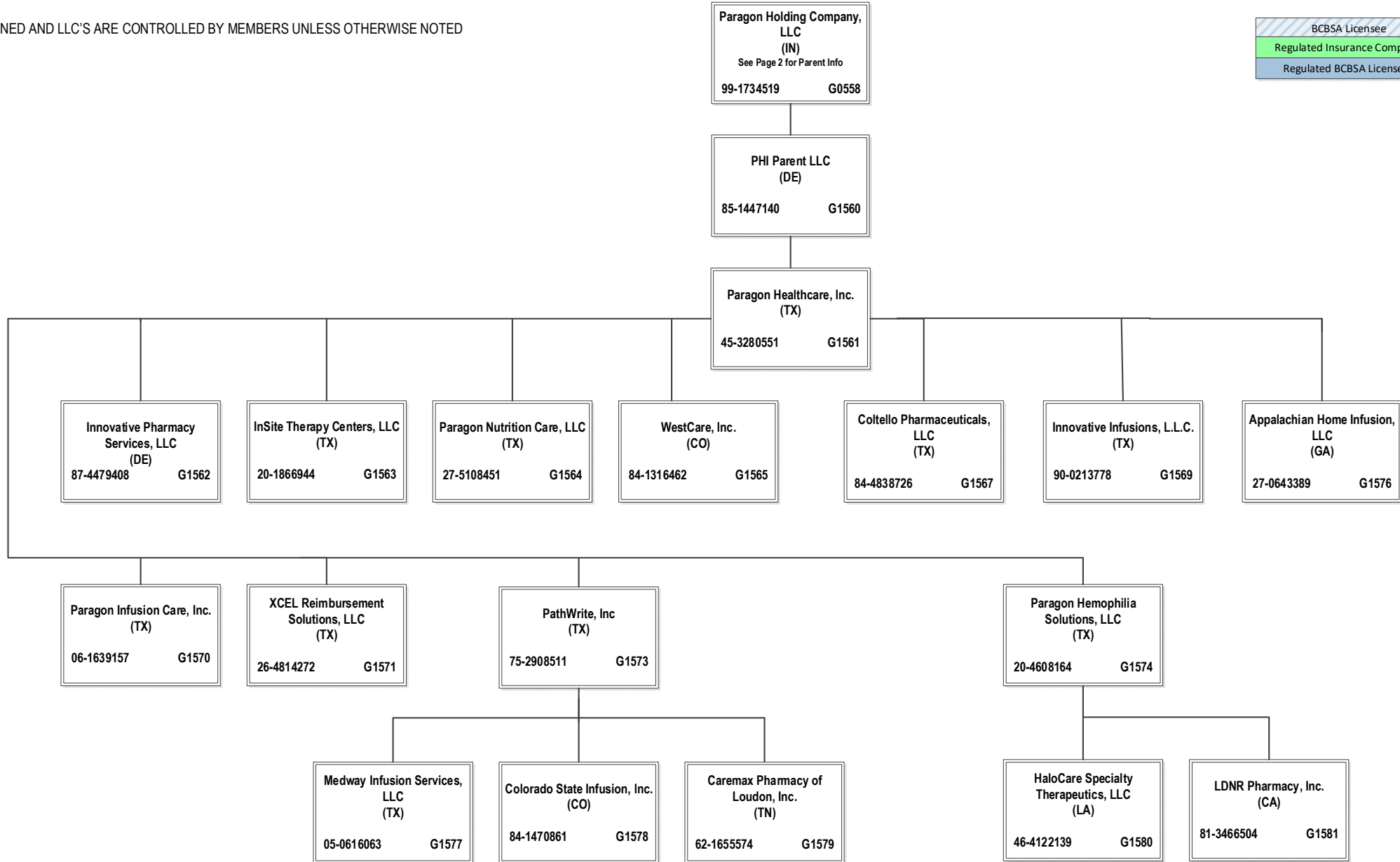
<sup>15</sup> Other investors are Asociacion De Medicos Del Oeste, Inc. (13%) and Doctores Asociados Del Noroeste, Inc. (6%). Ownership interest in Consorcio MultiSalud del Oeste, Inc. is based on Eligible Beneficiaries per Primary Medical Group. Ownership shall be revised annually by the end of each year, provided that at least 10% shall remain with each PMG.

<sup>16</sup> Best Transportation of PR LLC is a joint venture 51% owned by MMM Transportation, LLC and 49% owned by Jossue A. Galguera Vizcaino, individually

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
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Regulated BCBSA Licensee



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**OVERFLOW PAGE FOR WRITE-INS**

Additional Write-ins for Assets Line 25

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols: 1 - 2)	4 Net Admitted Assets
2504. Intangibles .....	10,221,315	10,221,315	0	0
2505. Prepaid expenses .....	13,746,058	13,746,058	0	0
2506. Premium tax credits .....			0	11,332,959
2597. Summary of remaining write-ins for Line 25 from overflow page	23,967,373	23,967,373	0	11,332,959