



ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2015

OF THE CONDITION AND AFFAIRS OF THE

Martin's Point Generations, LLC

NAIC Group Code 4848 , 0000 NAIC Company Code 12545 Employer's ID Number 20-4505084
(Current Period) (Prior Period)

Organized under the Laws of Maine , State of Domicile or Port of Entry Maine

Country of Domicile US

Licensed as business type:

Life, Accident and Health [] Property/Casualty [] Hospital, Medical and Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Other []
Health Maintenance Organization [X] Is HMO Federally Qualified? Yes (X) No ()

Incorporated/Organized January 11, 2006 Commenced Business January 1, 2007

Statutory Home Office 331 Veranda Street, Portland, Maine, US 04103
(Street and Number, City or Town, State, Country and Zip Code)

Main Administrative Office 331 Veranda Street, Portland, Maine, US 04103 207-774-5801
(Street and Number, City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address PO Box 9746, Portland, Maine, US 04104-5040
(Street and Number or P. O. Box, City or Town, State, Country and Zip Code)

Primary Location of Books and Records 27 Northport Drive, Portland, Maine, US 04103
(Street and Number, City or Town, State, Country and Zip Code)
207-253-6224
(Area Code) (Telephone Number)

Internet Website Address www.martinspoint.org

Statutory Statement Contact Charles Nicholas Hadjaris 207-253-6224
(Name) (Area Code) (Telephone Number) (Extension)
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OFFICERS

David Hermon Howes, MD (Chief Executive Officer) Daniel Bruce Chojnowski (Chief Financial Officer)
Lawrence Doran Henry (Chief Operating Officer Health Plans) Sandra Lynn Monfiletto (Chief Operating Officer Delivery Service)

OTHER OFFICERS

Jonathan Easton Harvey, MD (Chief Medical Officer)
Teresa Anne Schulz (Chief Human Resources Officer)

DIRECTORS OR TRUSTEES

Warren Deems Alpern, MD, Chair
Robert Adair Moore, Vice Chair
Edward Charles Dupont, Jr, Treasurer
David Hermon Howes, MD, President
Daniel Kent Onion, MD
Ronald Fitzjohn Dixon, MD
James Alexander Hester, Jr, PhD
Michael Eric Thomas
George Nelson Campbell, Jr
Barbara Elizabeth Tretheway, JD

State of Maine }
County of Cumberland } SS

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

David Hermon Howes, MD
Chief Executive Officer

Daniel Bruce Chojnowski
Chief Financial Officer

Subscribed and sworn to before me this
day of _____

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 _____

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Col. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	34,706,038		34,706,038	20,632,174
2. Stocks (Schedule D):				
2.1 Preferred stocks				
2.2 Common stocks	12,489,484		12,489,484	9,082,793
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances)				
4.2 Properties held for the production of income (less \$ encumbrances)				
4.3 Properties held for sale (less \$ encumbrances)				
5. Cash (\$ 5,533,512 , Schedule E-Part 1) , cash equivalents (\$, Schedule E-Part 2) and short-term investments (\$ 918,404 , Schedule DA)	6,451,916		6,451,916	18,057,362
6. Contract loans (including \$ premium notes)				
7. Derivatives (Schedule DB)				
8. Other invested assets (Schedule BA)				
9. Receivables for securities				
10. Securities lending reinvested collateral assets (Schedule DL)				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	53,647,438		53,647,438	47,772,329
13. Title plants less \$ charged off (for Title insurers only)				
14. Investment income due and accrued	157,371		157,371	101,773
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	960,401	327,693	632,708	296,879
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$ 16,756,930) and contracts subject to redetermination (\$)	16,756,930		16,756,930	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans	2,431,000		2,431,000	
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				3,680,351
24. Health care (\$) and other amounts receivable	6,516,147	6,516,147		10,987,043
25. Aggregate write-ins for other-than-invested assets				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	80,469,287	6,843,840	73,625,447	62,838,375
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	80,469,287	6,843,840	73,625,447	62,838,375
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)				

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	30,646,394		30,646,394	23,427,361
2. Accrued medical incentive pool and bonus amounts	1,153,401		1,153,401	1,010,500
3. Unpaid claims adjustment expenses	773,035		773,035	553,202
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	1,314,000		1,314,000	
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserves				
7. Aggregate health claim reserves				
8. Premiums received in advance	459,920		459,920	98,084
9. General expenses due or accrued	472,785		472,785	1,465,003
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others	1,172,554		1,172,554	1,767,005
13. Remittances and items not allocated				
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)				
15. Amounts due to parent, subsidiaries and affiliates	768,549		768,549	
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$ current)				
24. Total liabilities (Lines 1 to 23)	36,760,638		36,760,638	28,321,155
25. Aggregate write-ins for special surplus funds	X X X	X X X		1,817,045
26. Common capital stock	X X X	X X X		
27. Preferred capital stock	X X X	X X X		
28. Gross paid in and contributed surplus	X X X	X X X	129,000,000	98,000,000
29. Surplus notes	X X X	X X X		
30. Aggregate write-ins for other-than-special surplus funds	X X X	X X X		
31. Unassigned funds (surplus)	X X X	X X X	(92,135,191)	(65,299,824)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	X X X	X X X		
32.2 shares preferred (value included in Line 27 \$)	X X X	X X X		
33. Total capital and surplus (Line 25 to 31 minus Line 32)	X X X	X X X	36,864,809	34,517,221
34. Total liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	73,625,447	62,838,376
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501. Federal Affordable Care Act Assessment	X X X	X X X		1,817,045
2502.	X X X	X X X		
2503.	X X X	X X X		
2598. Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		1,817,045
3001.	X X X	X X X		
3002.	X X X	X X X		
3003.	X X X	X X X		
3098. Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months	X X X	410,450	360,916
2. Net premium income (including \$ non-health premium income)	X X X	275,129,040	231,553,922
3. Change in unearned premium reserves and reserve for rate credits	X X X		
4. Fee-for-service (net of \$ medical expenses)	X X X		
5. Risk revenue	X X X		
6. Aggregate write-ins for other health care related revenues	X X X		
7. Aggregate write-ins for other non-health revenues	X X X		
8. Total revenues (Lines 2 to 7)	X X X	275,129,040	231,553,922
Hospital and Medical:			
9. Hospital/medical benefits		225,686,169	188,607,168
10. Other professional services			
11. Outside referrals			
12. Emergency room and out-of-area			
13. Prescription drugs		45,468,690	34,989,685
14. Aggregate write-ins for other hospital and medical			
15. Incentive pool, withhold adjustments and bonus amounts		2,305,354	831,257
16. Subtotal (Lines 9 to 15)		273,460,213	224,428,110
Less:			
17. Net reinsurance recoveries			
18. Total hospital and medical (Lines 16 minus 17)		273,460,213	224,428,110
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$ 2,238,933 cost containment expenses		7,007,473	5,467,424
21. General administrative expenses		22,303,846	19,799,147
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)			
23. Total underwriting deductions (Lines 18 through 22)		302,771,532	249,694,681
24. Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	(27,642,492)	(18,140,759)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		388,796	136,740
26. Net realized capital gains (losses) less capital gains tax of \$		(23,747)	(975)
27. Net investment gains (losses) (Lines 25 plus 26)		365,049	135,765
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ (amount charged off \$)]			
29. Aggregate write-ins for other income or expenses			
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	(27,277,443)	(18,004,994)
31. Federal and foreign income taxes incurred	X X X		
32. Net income (loss) (Lines 30 minus 31)	X X X	(27,277,443)	(18,004,994)
DETAILS OF WRITE-INS			
0601.	X X X		
0602.	X X X		
0603.	X X X		
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X		
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X		
0701.	X X X		
0702.	X X X		
0703.	X X X		
0798. Summary of remaining write-ins for Line 7 from overflow page	X X X		
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X		
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)			
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page			
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)			

STATEMENT OF REVENUE AND EXPENSES (continued)

CAPITAL AND SURPLUS ACCOUNT	1	2
	Current Year	Prior Year
33. Capital and surplus prior reporting year	34,517,221	17,706,845
34. Net income or (loss) from Line 32	(27,277,443)	(18,004,994)
35. Change in valuation basis of aggregate policy and claims reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	(732,424)	(332,199)
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax		
39. Change in nonadmitted assets	(642,545)	(3,352,431)
40. Change in unauthorized and certified reinsurance		
41. Change in treasury stock		
42. Change in surplus notes		
43. Cumulative effect of changes in accounting principles		
44. Capital Changes:		
44.1 Paid in	31,000,000	38,500,000
44.2 Transferred from surplus (Stock Dividend)		
44.3 Transferred to surplus		
45. Surplus adjustments:		
45.1 Paid in		
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders		
47. Aggregate write-ins for gains or (losses) in surplus		
48. Net change in capital and surplus (Lines 34 to 47)	2,347,588	16,810,376
49. Capital and surplus end of reporting year (Line 33 plus 48)	36,864,809	34,517,221
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page		
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)		

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	259,526,392	231,237,424
2. Net investment income	580,713	110,193
3. Miscellaneous income	10,530,223	(10,445,338)
4. Total (Line 1 through Line 3)	270,637,328	220,902,279
5. Benefit and loss related payments	266,098,279	220,630,577
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	32,514,704	24,451,693
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		
10. Total (Line 5 through Line 9)	298,612,983	245,082,270
11. Net cash from operations (Line 4 minus Line 10)	(27,975,655)	(24,179,991)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	15,737,087	2,367,225
12.2 Stocks		
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7 Miscellaneous proceeds	18,834	536
12.8 Total investment proceeds (Line 12.1 through Line 12.7)	15,755,921	2,367,761
13. Cost of investments acquired (long-term only):		
13.1 Bonds	34,240,161	32,491,127
13.2 Stocks		
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications		
13.7 Total investments acquired (Line 13.1 through Line 13.6)	34,240,161	32,491,127
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(18,484,240)	(30,123,366)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock	31,000,000	38,500,000
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders		
16.6 Other cash provided (applied)	3,854,449	(2,709,361)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	34,854,449	35,790,639
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	(11,605,446)	(18,512,718)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	18,057,362	36,570,080
19.2 End of year (Line 18 plus Line 19.1)	6,451,916	18,057,362
Note: Supplemental disclosures of cash flow information for non-cash transactions:		
20.0001		
20.0002		
20.0003		
20.0004		
20.0005		
20.0006		
20.0007		
20.0008		
20.0009		
20.0010		

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Martin's Point Generations, LLC

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	275,129,040						275,129,040			
2. Change in unearned premium reserves and reserve for rate credit										
3. Fee-for-service (net of \$ medical expenses)										XXX
4. Risk revenue										XXX
5. Aggregate write-ins for other health care related revenues										XXX
6. Aggregate write-ins for other non-health care related revenues		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. Total revenues (Lines 1 to 6)	275,129,040						275,129,040			
8. Hospital/medical benefits	225,686,169						225,686,169			XXX
9. Other professional services										XXX
10. Outside referrals										XXX
11. Emergency room and out-of-area										XXX
12. Prescription drugs	45,468,690						45,468,690			XXX
13. Aggregate write-ins for other hospital and medical										XXX
14. Incentive pool, withhold adjustments, and bonus amounts	2,305,354						2,305,354			XXX
15. Subtotal (Lines 8 to 14)	273,460,213						273,460,213			XXX
16. Net reinsurance recoveries										XXX
17. Total hospital and medical (Lines 15 minus 16)	273,460,213						273,460,213			XXX
18. Non-health claims (net)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$ 2,238,933 cost containment expenses	7,007,473						7,007,473			
20. General administrative expenses	22,303,846						22,303,846			
21. Increase in reserves for accident and health contracts										XXX
22. Increase in reserves for life contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	302,771,532						302,771,532			
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(27,642,492)						(27,642,492)			
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page										XXX
0599. Total (Lines 0501 through 0503 plus 0598) (Line 5 above)										XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699. Total (Lines 0601 through 0603 plus 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page										XXX
1399. Total (Lines 1301 through 1303 plus 1398) (Line 13 above)										XXX

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)				
2. Medicare Supplement				
3. Dental only				
4. Vision only				
5. Federal Employees Health Benefits Plan				
6. Title XVIII - Medicare	275,129,040			275,129,040
7. Title XIX - Medicaid				
8. Other health				
9. Health subtotal (Lines 1 through 8)	275,129,040			275,129,040
10. Life				
11. Property/casualty				
12. Totals (Lines 9 to 11)	275,129,040			275,129,040

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - Claims Incurred During the Year

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XV/III Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	263,935,827						263,935,827			
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	263,935,827						263,935,827			
2. Paid medical incentive pools and bonuses	2,162,453						2,162,453			
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	30,646,394						30,646,394			
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	30,646,394						30,646,394			
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year	1,153,401						1,153,401			
6. Net health care receivables (a)										
7. Amounts recoverable from reinsurers December 31, current year										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	23,427,361						23,427,361			
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net	23,427,361						23,427,361			
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year	1,010,500						1,010,500			
11. Amounts recoverable from reinsurers December 31, prior year										
12. Incurred benefits:										
12.1 Direct	271,154,860						271,154,860			
12.2 Reinsurance assumed										
12.3 Reinsurance ceded										
12.4 Net	271,154,860						271,154,860			
13. Incurred medical incentive pools and bonuses	2,305,354						2,305,354			

(a) Excludes \$ loans or advances to providers not yet expensed

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - Claims Liability End of Current Year

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	3,392,281						3,392,281			
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	3,392,281						3,392,281			
2. Incurred but Unreported:										
2.1 Direct	27,254,113						27,254,113			
2.2 Reinsurance assumed										
2.3 Reinsurance ceded										
2.4 Net	27,254,113						27,254,113			
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct										
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net										
4. TOTALS:										
4.1 Direct	30,646,394						30,646,394			
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net	30,646,394						30,646,394			

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)						
2. Medicare Supplement						
3. Dental Only						
4. Vision Only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare	19,647,326	245,268,086	750,000	29,896,394	20,397,326	23,427,361
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)	19,647,326	245,268,086	750,000	29,896,394	20,397,326	23,427,361
10. Healthcare receivables (a)		979,585				
11. Other non-health						
12. Medical incentive pools and bonus amounts	875,589	1,286,864		1,153,401	875,589	1,010,500
13. Totals (Lines 9-10+11+12)	20,522,915	245,575,365	750,000	31,049,795	21,272,915	24,437,861

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Title XVIII Medicare

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior					
2. 2011	73,222	85,787			
3. 2012	X X X	104,938	114,381		
4. 2013	X X X	X X X	147,949	130,561	
5. 2014	X X X	X X X	X X X	204,451	224,973
6. 2015	X X X	X X X	X X X	X X X	245,575

Section B - Incurred Health Claims - Title XVIII Medicare

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 2011	2 2012	3 2013	4 2014	5 2015
1. Prior					
2. 2011	84,450	85,794			
3. 2012	X X X	121,081	114,381		
4. 2013	X X X	X X X	168,589	130,561	
5. 2014	X X X	X X X	X X X	228,888	224,973
6. 2015	X X X	X X X	X X X	X X X	277,375

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

Years in Which Premiums Were Earned and Claims Were Incurred	1 Premiums Earned	2 Claims Payments	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. 2011	86,989	85,787	2,186	2.548	87,973	101.131			87,973	101.131
2. 2012	132,098	114,381	2,405	2.103	116,786	88.409			116,786	88.409
3. 2013	170,968	164,129	3,232	1.969	167,361	97.890			167,361	97.890
4. 2014	231,554	224,973	5,690	2.529	230,663	99.615			230,663	99.615
5. 2015	275,129	245,575	6,264	2.551	251,839	91.535	31,800	773	284,412	103.374

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Martin's Point Generations, LLC

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 2011	2 2012	3 2013	4 2014	5 2015
1. Prior					
2. 2011	73,222	85,787			
3. 2012	X X X	104,938	114,381		
4. 2013	X X X	X X X	147,949	130,561	
5. 2014	X X X	X X X	X X X	204,451	224,974
6. 2015	X X X	X X X	X X X	X X X	245,575

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 2011	2 2012	3 2013	4 2014	5 2015
1. Prior					
2. 2011	84,450	85,794			
3. 2012	X X X	121,081	114,381		
4. 2013	X X X	X X X	168,589	130,561	
5. 2014	X X X	X X X	X X X	228,888	224,973
6. 2015	X X X	X X X	X X X	X X X	277,375

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 Payments	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. 2011	86,989	85,787	2,186	2.548	87,973	101.131			87,973	101.131
2. 2012	132,098	114,381	2,405	2.103	116,786	88.409			116,786	88.409
3. 2013	170,968	164,129	3,116	1.899	167,245	97.822			167,245	97.822
4. 2014	231,554	224,973	5,590	2.485	230,563	99.572			230,563	99.572
5. 2015	275,129	245,575	6,264	2.551	251,839	91.535	31,800	773	284,412	103.374

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

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves									
2. Additional policy reserves (a)									
3. Reserve for future contingent benefits									
4. Reserve for rate credits or experience rating refunds (including \$ for investment income)									
5. Aggregate write-ins for other policy reserves	1,314,000						1,314,000		
6. Totals (gross)	1,314,000						1,314,000		
7. Reinsurance ceded									
8. Totals (Net) (Page 3, Line 4)	1,314,000						1,314,000		
9. Present value of amounts not yet due on claims									
10. Reserve for future contingent benefits									
11. Aggregate write-ins for other claim reserves									
12. Totals (gross)									
13. Reinsurance ceded									
14. Totals (Net) (Page 3, Line 7)									
DETAILS OF WRITE-INS									
0501. Medicare Advantage Part D Risk Share	1,314,000						1,314,000		
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page									
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	1,314,000						1,314,000		
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page									
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)									

(a) Includes \$ premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent (\$ for occupancy of own building)					
2. Salaries, wages and other benefits	1,847,537	837,736	7,886,511		10,571,784
3. Commissions (less \$ ceded plus \$ assumed)			2,830,783		2,830,783
4. Legal fees and expenses			69,500		69,500
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services	26,266		5,024,845		5,051,111
7. Traveling expenses	35,842	4,254	296,773		336,869
8. Marketing and advertising	6,635		1,943,717		1,950,352
9. Postage, express, and telephone	15,709	16,209	1,093,971		1,125,889
10. Printing and office supplies	9,417	4,921	28,269		42,607
11. Occupancy, depreciation and amortization			493,494		493,494
12. Equipment	18,804	2,470	630,573		651,847
13. Cost or depreciation of EDP equipment and software	23,590	378,161	137,775		539,526
14. Outsourced services including EDP, claims, and other services	147,104	3,475,923	382,828		4,005,855
15. Boards, bureaus and association fees					
16. Insurance, except on real estate	177		16,239		16,416
17. Collection and bank service charges			143,123	129,984	273,107
18. Group service and administration fees					
19. Reimbursements by uninsured accident and health plans					
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses					
22. Real estate taxes					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					
23.2 State premium taxes					
23.3 Regulator authority licenses and fees					
23.4 Payroll taxes	107,852	48,866	446,186		602,904
23.5 Other (excluding federal income and real estate taxes)			879,259		879,259
24. Investment expenses not included elsewhere					
25. Aggregate write-ins for expenses					
26. Total expenses incurred (Line 1 to Line 25)	2,238,933	4,768,540	22,303,846	129,984	(a) 29,441,303
27. Less expenses unpaid December 31, current year		773,035	472,785		1,245,820
28. Add expenses unpaid December 31, prior year		553,202	1,465,003		2,018,205
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year					
31. Total expenses paid (Line 26 minus Line 27 plus Line 28 minus Line 29 plus Line 30)	2,238,933	4,548,707	23,296,064	129,984	30,213,688
DETAILS OF WRITE-INS					
2501.					
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page					
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)					

(a) Includes management fees of \$ 9,850,000 to affiliates and \$ to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1	2
	Collected During Year	Earned During Year
1. U.S. Government bonds	(a) 90,160	109,029
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 109,812	146,538
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		249,893
2.21 Common stocks of affiliates		
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e) 13,315	13,320
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income		
10. Total gross investment income	463,182	518,780
11. Investment expenses		(g) 129,984
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		
16. Total deductions (Lines 11 through 15)		129,984
17. Net investment income (Line 10 minus Line 16)		388,796
DETAILS OF WRITE-INS		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page		
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)		
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		

(a) Includes \$ 10,740 accrual of discount less \$ 282,001 amortization of premium and less \$ 108,209 paid for accrued interest on purchases.
 (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.
 (c) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
 (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
 (e) Includes \$ 107 accrual of discount less \$ 9,128 amortization of premium and less \$ 12,149 paid for accrued interest on purchases.

(f) Includes \$ accrual of discount less \$ amortization of premium.
 (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
 (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	(2,031)		(2,031)		
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)	(16,803)		(16,803)		
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)				(732,424)	
2.21 Common stocks of affiliates					
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments	(4,913)		(4,913)		
7. Derivative instruments					
8. Other invested assets					
9. Aggregate write-ins for capital gains (losses)					
10. Total capital gains (losses)	(23,747)		(23,747)	(732,424)	
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page					
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)					

EXHIBIT OF NONADMITTED 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)			
2. Stocks (Schedule D):			
2.1 Preferred stocks			
2.2 Common stocks			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			
3.2 Other than first liens			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			
4.2 Properties held for the production of income			
4.3 Properties held for sale			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			
6. Contract loans			
7. Derivatives (Schedule DB)			
8. Other invested assets (Schedule BA)			
9. Receivables for securities			
10. Securities lending reinvested collateral assets (Schedule DL)			
11. Aggregate write-ins for invested assets			
12. Subtotals, cash and invested assets (Line 1 to Line 11)			
13. Title plants (for Title insurers only)			
14. Investment income due and accrued			
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	327,693	141,968	(185,725)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			
15.3 Accrued retrospective premiums and contracts subject to redetermination			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			
16.2 Funds held by or deposited with reinsured companies			
16.3 Other amounts receivable under reinsurance contracts			
17. Amounts receivable relating to uninsured plans			
18.1 Current federal and foreign income tax recoverable and interest thereon			
18.2 Net deferred tax asset			
19. Guaranty funds receivable or on deposit			
20. Electronic data processing equipment and software			
21. Furniture and equipment, including health care delivery assets			
22. Net adjustment in assets and liabilities due to foreign exchange rates			
23. Receivables from parent, subsidiaries and affiliates			
24. Health care and other amounts receivable	6,516,147	6,059,327	(456,820)
25. Aggregate write-ins for other-than-invested assets			
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 12 to Line 25)	6,843,840	6,201,295	(642,545)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28. Total (Line 26 and Line 27)	6,843,840	6,201,295	(642,545)
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page			
1199. Totals (Line 1101 through Line 1103 plus Line 1198) (Line 11 above)			
2501.			
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)			

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	1,206	1,424	1,457	1,499	1,527	17,611
2. Provider Service Organizations						
3. Preferred Provider Organizations	2,567	2,492	2,635	2,711	2,732	31,313
4. Point of Service	27,753	28,976	29,906	30,984	31,843	361,526
5. Indemnity Only						
6. Aggregate write-ins for other lines of business						
7. Total	31,526	32,892	33,998	35,194	36,102	410,450
DETAILS OF WRITE-INS						
0601						
0602						
0603						
0698. Summary of remaining write-ins for Line 6 from overflow page						
0699. Totals (Line 0601 through Line 0603 plus Line 0698) (Line 6 above)						

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The accompanying financial statements of Martin's Point Generations, LLC (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 or permitted by the NAIC *Accounting Practices and Procedures Manual*, subject to any deviations prescribed or permitted by the Maine Bureau of Insurance (the "Bureau"). There were no deviations from NAIC prescribed or permitted by the Bureau in 2014 or 2015.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP practices prescribed and permitted by the State of Maine is shown below:

State Prescribed Practices	State of Domicile	Current Year	Prior Year
Net Income (loss), state basis (Page 4, Line 22, Columns 2 and 3)	ME	(27,277,443)	(18,004,994)
Net Income (loss) NAIC SAP (1-2-3=4)	ME	(27,277,443)	(18,004,994)
Surplus, state basis (page 3, Line 33, Columns 3 and 4)	ME	36,864,809	34,517,221
Surplus, NAIC SAP (5-6-7=8)	ME	36,864,809	34,517,221

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

Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred. Premiums paid by subscribers prior to the effective date are recorded on the balance sheet as advance premiums and subsequently credited to income as earned during the coverage period.

In addition, the Company uses the following accounting policies:

1. Short-term money market mutual funds are stated at market value and short-term bonds are stated at amortized cost.
2. Bonds are stated at amortized costs.
3. Common stocks are stated at market value.
4. The Company does not have any preferred stock
5. The Company does not have any mortgage loans.
6. The Company does not have any loan-backed securities.
7. The Company does not have any investments in subsidiaries, controlled or affiliated companies.
8. The Company does not have investments in joint ventures, partnerships or limited liability companies.
9. The Company does not have any derivative instruments.
10. The Company does include anticipated investment income in calculating a premium deficiency.
11. The Company's reported unpaid claims are based on adjudicated claims in process of settlement. The amount of unreported claims is based on actuarial estimates. The claims adjustment expenses are estimated at approximately 2% of unpaid claims. Liabilities for unpaid claims and claims adjustment expense 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.
12. The Company does not have any capital assets and therefore no capitalization policy.
13. The Company records pharmaceutical rebates receivable as a nonadmitted asset.

2. Accounting Changes and Corrections of Errors

A. Correction of Errors: Not applicable

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

NOTES TO FINANCIAL STATEMENTS

4. Discontinued Operations

The Company had no operations that were discontinued during 2015.

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

The Company has no investments in mortgage loans, including Mezzanine Real Estate Loans.

B. Debt Restructuring

The Company has no invested assets that are restructured debt.

C. Reverse Mortgages

The Company has no investments in reverse mortgages.

D. Loan-Backed Securities

The Company has no loan – backed securities.

E. Repurchase Agreements and/or Security Lending Transactions

The Company has no repurchase agreements or security lending transactions at December 31, 2015.

F. Real Estate

1. The Company has no investment real estate.
2. The Company does not engage in retail land sales operations.

G. Low-Income Housing Tax Credits

The Company has no Low-Income Housing Tax Credits

H. Restricted Assets

The Company is required by law to maintain deposits with the States of Maine and New Hampshire. These deposit are in the form of U. S. Treasury Bills or Money Market Funds not exclusively under our control.

Restricted Asset Category	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase / Decrease	Total Gross Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Admitted Assets
	I. On Deposit with states	\$610,818	\$611,530	(\$712)	\$610,818	0.759%

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company has no investments in joint ventures, partnerships or limited liability companies.
- B. Not applicable.

7. Investment Income

- A. Accrued investment income would be excluded from investment income on the following basis:
 - Bonds -- where interest is in default, accrued interest on bonds is ineligible for amortization.
- B. The Company did not accrue investment income that was nonadmitted at December 31, 2015.

8. Derivative Instruments: None

NOTES TO FINANCIAL STATEMENTS

9. Income Taxes: The Company is not subject to Federal Income taxes.

- A. Not applicable
- B. Not applicable
- C. Not applicable
- D. Not applicable
- E. Not applicable
- F. Not applicable:

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

A., B. & C. Nature of the relationship and transactions involved

The Company is organized as a Maine limited liability company and licensed to transact business as a Medicare Advantage Health Maintenance Organization. The Company is a wholly-owned subsidiary of Martin's Point Health Care, Inc. (the "Parent") a Maine non-profit corporation. During 2014 and 2015 the Parent invested \$38,500,000 and \$31,000,000, respectively, in the Company.

The Company has a risk-sharing agreement with the Parent to reduce the total cost of care for members who receive primary care from providers employed by the Parent. This arrangement provides for additional payments by the Company when medical expense cost are less than actual revenue. Conversely, it provides for payments from the Parent when medical expense cost are greater than actual revenue. The Company recorded a reduction of medical incentive expense of \$981,491 in 2014, under the terms of the agreement.

Refer to Note 22 - Events Subsequent.

D. Amounts Due to or from Related Parties

At December 31, 2015, the Company reported \$768,549 due to its Parent. The payable is for current items generated in 2015 and will be settled in 2016.

E. Guarantees or Contingencies for Related Parties

The Company did not enter into guarantees or undertakings for the benefit of a related party that would result in a material contingent exposure of the Company's assets or liabilities.

F. Management, Service Contracts, Cost Sharing Arrangements

The Company purchases certain marketing, administrative and managerial services under a Management Services Agreement with its Parent, Martin's Point Health Care, Inc. For purposes of the Underwriting and Investment Exhibit Part 3, these fees are allocated to the individual line items in the same manner as the direct expenses incurred by the Parent.

Included in the Underwriting and Investment Exhibit Part 3, is \$9,850,000 in net management fees from its Parent during 2015. Management fees for 2014 were \$9,744,732.

G. Nature of Relationships that Could Affect Operations: None

H. Amount Deducted for Investment in Upstream Company: Not applicable

I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets: Not applicable

J. Write-down for Impairments of Investments in Subsidiary, Controlled or Affiliated Companies:
Not Applicable

K. Investment in Foreign Insurance: Not Applicable

L. Investment in Downstream Noninsurance Holding Company: Not Applicable

11. Debt

A. Capital Notes

The Company had no capital notes outstanding at December 31, 2015.

B. All Other Debt

The Company had no other debt outstanding at December 31, 2015.

NOTES TO FINANCIAL STATEMENTS

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

- A. **Defined Benefit Plan:** Not applicable
- B. **Not Applicable**
- C. **Not Applicable**
- D. **Not Applicable**
- E. **Defined Contribution Plan:** Not applicable
- F. **Multi-employer Plan:** Not applicable
- G. **Consolidated/Holding Company Plans:**

The Company participates in a defined contribution plan for employees, sponsored by its parent company Martin's Point Health Care, Inc. Under the plan, the Company contributes 3% of eligible earnings to employees accounts and matches 50% of employees' contributions, to a maximum of an additional 3% of eligible earnings. Expense under the plan are recorded as incurred and was \$152,911 and \$130,171 for 2015 and 2014, respectively.

- H. **Postemployment Benefits and Compensated Absences:** Not applicable
- I. **Impact of Medicare Modernization Act on Postretirement Benefits:** Not Applicable

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

1. The Company has no common stock.
2. The Company has no common stock.
3. The Company is not a stock company and is not subject to dividend restrictions.
4. As noted above, no dividends were paid.
5. Company is not a stock company and is not subject to dividend restrictions.
6. Unassigned surplus funds are not restricted.
7. There have been no advances to surplus.
8. There are no shares of stock held for special purposes.
9. The Company has no special srplus funds.
10. The Company has no surplus adjustments due to cumulative unrealized losses.
11. The Company has not issued any surplus notes or debentures or similar obligations.
12. The Company had no restatements due to prior quasi-reorganizations.
13. The Company has not been involved in any quasi-reorganizations during the past 10 years.

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

The Company has no contingent commitments.

B. Assessments

The Company is subject to guaranty fund by the state in which it writes business. Guaranty fund assessments are accrued at the time of insolvencies.

C. Gain Contingencies

The Company has no gain contingencies.

D. Claims related Extra Contractual Obligations and Bad Faith Losses Stemming from Lawsuits

The Company has no material claims related to the above.

E. Joint and Several Liabilities

The Company has no joint and several liability arrangements at 12/31/2015.

NOTES TO FINANCIAL STATEMENTS

F. All Other Contingencies

The Company has no other contingencies and has no assets that it considers to be impaired.

15. Leases

A. Lessee Leasing Arrangements

1. The Company has not entered into any operating leases.
2. The Company has no rental commitments.
3. The Company is not involved in any sales – leaseback transactions.

B Lessor Leasing Arrangements

1. The Company has not entered into any operating leases.
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 financial instruments with off-balance sheet risk.

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

A. Transfers of receivables reported as Sales: Not Applicable

B. Transfer and Servicing of Financial Assets: Not applicable

C. Wash Sales: The Company had no Wash Sales during the period.

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

A. ASO Plans: Not applicable

B. ASC Plans: Not Applicable

C. Medicare or Similarly Structured Cost Based Reimbursement Contract: Not applicable

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 period.

20. Fair Value Measurements

Description for each class of asset	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value				
Bonds				
U. S. Governments	\$ 17,987,700	\$ -	\$ -	\$ 17,987,700
Industrial and Misc	-	12,222,734	-	12,222,734
Special Rev./Assess. Oblig.	-	3,320,962	-	3,320,962
All Other Governments	-	1,076,599	-	1,076,599
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Bonds	\$ 17,987,700	\$ 16,620,295	\$ -	\$ 34,607,995
Common Stock				
Industrial and Misc	\$ 12,489,484	\$ -	\$ -	\$ 12,489,484
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Common Stock	\$ 12,489,484	\$ -	\$ -	\$ 12,489,484
Derivative assets				
Interest rate contracts	\$ -	\$ -	\$ -	\$ -
Foreign exchange contracts	-	-	-	-
Credit contracts	-	-	-	-
Commodity futures contracts	-	-	-	-
Commodity forward contracts	-	-	-	-
Total Derivatives	\$ -	\$ -	\$ -	\$ -
Total assets at fair value	\$ 30,477,184	\$ 16,620,295	\$ -	\$ 47,097,479

NOTES TO FINANCIAL STATEMENTS

21. Other Items

- A. **Unusual or Infrequent Items:** None
- B. **Troubled Debt Restructuring:** Not applicable
- C. **Other Disclosures :** None
- D. **Business Interruption Insurance Recoveries:** None
- E. **State Transferable and Non-transferable Tax Credits:** Not Applicable
- F. **Subprime Mortgage Related Risk Exposure:** The Company has no Subprime Mortgages.
- G. **Retained Assets:** The Company has no retained assets.

22. Events Subsequent:

Type I - Recognized Subsequent Events:

Subsequent events have been considered through February 26, 2016 for the statutory statements issued on February 26, 2016.

An Asset and Liability Transfer Agreement was executed by and between Martin's Point Generations, LLC ("MPG"), a wholly owned subsidiary of Martin's Point Health Care, Inc. ("MPHC"), engaged in the operation of a Medicare Advantage health maintenance organization and Martin's Point Generation Advantage, Inc. ("MPGA"), a wholly owned subsidiary of MPHC formed to accept the transfer of the assets and liabilities of MPG for the purpose of continuing the operations of the MPG Medicare Advantage health maintenance, effective January 1, 2016.

In December 2015, the State of Maine and New Hampshire issued Certificates of Authority to MPGA to operate a Medicare Advantage health maintenance organization in each state.

MPG's Maine Certificate of Authority was surrendered to the State of Maine, effective February 1, 2016.

Type II - Nonrecognized Subsequent Events: Not applicable

3. Reinsurance

A. Ceded Reinsurance Report

Section 1 - General Interrogatories

1. Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the Company or by any representative, officer, trustee, or director of the Company?
Yes () No (X)

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)

Section 2 - Ceded Reinsurance Report - Part A

1. Does the reporting entity have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premiums or other similar credits?

Yes () No (X)

2. Does the Company 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)

NOTES TO FINANCIAL STATEMENTS

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?

None

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)

B. Uncollectible Reinsurance

The Company has no uncollectible reinsurance.

C. Commutation of Ceded Reinsurance

The Company has not commuted any ceded reinsurance during the period.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation: Not Applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Not applicable

B. Not applicable

C. Not applicable

D. Not applicable

E. Not applicable

25. Change in Incurred Claims and Claims Adjustment Expenses

Reserves as of December 31, 2014 were \$23,980,563. As of December 31, 2015, \$20,111,268 has been paid for incurred claims and claim adjustment expenses attributable to insured events of the prior year. Reserves remaining for prior years are \$768,918 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been \$3,100,377 favorable prior-year development since December 31, 2014 to December 31, 2015. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements: Not applicable

27. Structured Settlements: Not applicable

28. Health Care Receivables

A. **Pharmaceutical Rebate Receivables:** The Company records Pharmaceutical Rebates Receivables as a nonadmitted asset.

B. **Risk Sharing Receivables:** Not applicable

29. Participating Policies: Not applicable

30. Premium Deficiency Reserves: None recorded at December 31, 2015

- | | |
|--|------------------|
| 1. Liability carried for premium deficiency reserves | 0 |
| 2. Date of the most recent evaluation of this liability | 12/31/2015 |
| 3. Was anticipated investment income utilized in the calculation | Yes () No (X) |

31. Anticipated Salvage and Subrogation: The Company does not include an estimate of anticipated salvage or subrogation in its determination of its liability for unpaid claims. During 2015 the Company recovered \$504,115 in subrogated claims.

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 and 2.
- 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?
- 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 (X) No ()
- 2.2 If yes, date of change: 02/11/2015
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2014
- 3.2 State the as of date of 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. 12/31/2011
- 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). 12/07/2012
- 3.4 By what department or departments?
 State of Maine, Bureau 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)
- 5.2 If yes, provide the name of entity, the 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
------------------	---------------------

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes () No (X)
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes () No (X)
- 8.4 If response to 8.3 is yes, please provide 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
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9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
 Baker, Newman & Noyes, 280 Fore Street, Portland, Maine 04112-0507

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

- 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 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?
Timothy J. Wilder, FSA, MAAA, Principal & Consulting Actuary, Milliman, 4370 La Jolla Village Drive, Suite 700, San Diego, CA 92122
- 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 (X)
- 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?
(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. Yes (X) No ()
- 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).
Code of Ethics and Compliance Program was merged and updates to various sections were made.
- 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).
.....
- 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 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
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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 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 | \$ |

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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 () No (X)

22.2 If answer is yes:

	22.21 Amount paid as losses or risk adjustment	\$
	22.22 Amount paid as expenses	\$
	22.23 Other amounts paid	\$

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes () No (X)

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$

INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes () No (X)

24.02 If no, give full and complete information relating thereto:

24.03 For the security 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)

24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in Risk-Based Capital Instructions? Yes () No () N/A (X)

24.05 If answer to 24.04 is YES, report amount of collateral for conforming programs. \$

24.06 If answer to 24.04 is NO, report amount of collateral for other programs. \$

24.07 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 (X)

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes () No () N/A (X)

24.09 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 (X)

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101 Total fair value of reinvented collateral assets reported on Schedule DL, Parts 1 and 2	\$
24.102 Total book adjusted/carrying value of reinvented collateral assets reported on Schedule DL, Parts 1 and 2	\$
24.103 Total payable for securities lending reported on the liability page	\$

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03) Yes (X) No ()

25.2 If yes, state the amount thereof at December 31 of the current year:

	25.21 Subject to repurchase agreements	\$
	25.22 Subject to reverse repurchase agreements	\$
	25.23 Subject to dollar repurchase agreements	\$
	25.24 Subject to reverse dollar repurchase agreements	\$
	25.25 Placed under option agreements	\$
	25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$
	25.27 FHLB Capital Stock	\$
	25.28 On deposit with states	\$ 610,818
	25.29 On deposit with other regulatory bodies	\$
	25.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$
	25.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$
	25.32 Other	\$

25.3 For category (25.26) provide the following:

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

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes () No (X)

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

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

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

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

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

1 Name of Custodian(s)	2 Custodian's Address
---------------------------	--------------------------

UBS Financial Services, Inc	1 City Center, 7th Floor, PO Box 7350, Portland, ME 04112-7350
TD Private Client Wealth, LLC	PO Box 4007, Cherry Hill, NJ 08034
TD Bank, N. A.	TD Wealth, Institutional Trust, 1006 Astoria Boulevard, Cherry Hill, NJ 08034

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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

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

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

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

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

28.05 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address
--	-----------	--------------

CRD # 4484518 Edward Donohue, Vice President, Invest. Adv. ... TD Private Client Group, One Portland Square, Portland, ME 04101
 TD Private Client Wealth is the Broker/Deal 444 Madison Avenue, New York, NY 10022
 TD Asset Mgt. is the Mgr. acting for Broker TD Canada Trust Tower, 161 Bay St, 35th Fl. Toronto, Ontario M5K2T2
 Pershing LLC Pershing LLC is the Ctrl. Regist. Depository

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

29.2 If yes, complete the following schedule:

1 CUSIP Number	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
-------------------	--------------------------	-----------------------------------

29.2999 - Total

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

1 Name of Mutual Fund (from question 29.2)	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
--	--	---	------------------------

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	\$ 34,706,038	\$ 34,607,995	\$ (98,043)
30.2 Preferred stocks	\$	\$	\$
30.3 Totals	\$ 34,706,038	\$ 34,607,995	\$ (98,043)

30.4 Describe the sources or methods utilized in determining the fair values:
 Bonds, with the exception of Money Market Funds, are priced by S&P. Money Market Funds are at par value.

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

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

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

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

32.2 If no, list exceptions:

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ 2,061

33.2 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
American Health Insurance Plan	\$ 2,061
.....	\$
.....	\$
.....	\$

34.1 Amount of payments for legal expenses, if any? \$ 69,500

34.2 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
Verrill Dana LLP	\$ 45,451
.....	\$
.....	\$
.....	\$

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

35.2 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
.....	\$
.....	\$
.....	\$
.....	\$

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes () No (X)
- 1.2 If yes, indicate premium earned on U.S. business only. \$
- 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. \$
- 1.6 Individual policies:
 Most current three years:
 1.61 Total premium earned \$
- 1.62 Total incurred claims \$
- 1.63 Number of covered lives
- All years prior to most current three years:
 1.64 Total premium earned \$
- 1.65 Total incurred claims \$
- 1.66 Number of covered lives
- 1.7 Group policies:
 Most current three years:
 1.71 Total premium earned \$
- 1.72 Total incurred claims \$
- 1.73 Number of covered lives
- All years prior to most current three years:
 1.74 Total premium earned \$
- 1.75 Total incurred claims \$
- 1.76 Number of covered lives
2. Health Test:
- | | 1 | 2 |
|-------------------------------|----------------------|----------------------|
| | Current Year | Prior Year |
| 2.1 Premium Numerator | \$ 275,129,040 | \$ 231,553,922 |
| 2.2 Premium Denominator | \$ 275,129,040 | \$ 231,553,922 |
| 2.3 Premium Ratio (2.1 / 2.2) | 1.000 | 1.000 |
| 2.4 Reserve Numerator | \$ 33,113,795 | \$ 24,437,861 |
| 2.5 Reserve Denominator | \$ 33,113,795 | \$ 24,437,861 |
| 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 (X)
- 3.2 If yes, give particulars:

- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes (X) No ()
- 4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes () No (X)
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes () No (X)
- 5.2 If no, explain:

- 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:
 Protection of subscribers is accomplished through contract provisions for hold harmless, balance billing, post-termination cooperation and assignment provisions.
- 7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes (X) No ()
- 7.2 If no, give details:

8. Provide the following information regarding participating providers:
- | | |
|--|--------------|
| 8.1 Number of providers at start of reporting year | 10,358 |
| 8.2 Number of providers at end of reporting year | 11,882 |
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes () No (X)
- 9.2 If yes, direct premium earned:
- | | |
|---|-------|
| 9.21 Business with rate guarantees between 15-36 months | |
| 9.22 Business with rate guarantees over 36 months | |
- 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 | \$ 1,381,701 |
| 10.22 Amount actually paid for year bonuses | \$ |
| 10.23 Maximum amount payable withholds | \$ |
| 10.24 Amount actually paid for year withholds | \$ |

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

- 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 (X) No () |
- 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. Maine and New Hampshire
- 11.4 If yes, show the amount required. \$ 33,818,718
- 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
- Maine requires an amount equal to the 3 times the Authorized Level of Risk-Based Capital and NH requires \$6,000,000.
12. List the service areas in which reporting entity is licensed to operate:

1 Name of Service Area

State of Maine
 Hillsborough County, New Hampshire
 Strafford County, New Hampshire

- 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 the 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 Premiums 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 guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

FIVE - YEAR HISTORICAL DATA

	1	2	3	4	5
	2015	2014	2013	2012	2011
BALANCE SHEET (Page 2 and Page 3)					
1. Total admitted assets (Page 2, Line 28)	73,625,447	62,838,375	40,646,065	31,645,902	22,366,041
2. Total liabilities (Page 3, Line 24)	36,760,638	28,321,155	22,939,220	17,749,685	12,955,265
3. Statutory minimum capital and surplus requirement	33,818,718	27,979,713	15,986,458	12,290,388	1,000,000
4. Total capital and surplus (Page 3, Line 33)	36,864,809	34,517,221	17,706,845	13,896,217	9,410,776
INCOME STATEMENT (Page 4)					
5. Total revenues (Line 8)	275,129,040	231,553,922	170,967,988	132,098,338	86,989,481
6. Total medical and hospital expenses (Line 18)	273,460,213	224,428,110	161,882,260	122,392,045	83,399,291
7. Claims adjustment expenses (Line 20)	7,007,473	5,467,424	3,259,324	2,644,702	2,221,664
8. Total administrative expenses (Line 21)	22,303,846	19,799,147	16,583,486	14,305,703	13,221,643
9. Net underwriting gain (loss) (Line 24)	(27,642,492)	(18,140,759)	(10,757,082)	(7,244,112)	(11,853,117)
10. Net investment gain (loss) (Line 27)	365,049	135,765	27,575	18,164	35,566
11. Total other income (Line 28 plus Line 29)					
12. Net income or (loss) (Line 32)	(27,277,443)	(18,004,994)	(10,729,507)	(7,225,948)	(11,817,551)
CASH FLOW (Page 6)					
13. Net cash from operations (Line 11)	(27,975,655)	(24,179,991)	(6,659,874)	(7,530,893)	(10,737,212)
RISK-BASED CAPITAL ANALYSIS					
14. Total adjusted capital	36,864,809	34,517,221	17,706,845	13,896,217	9,410,776
15. Authorized control level risk-based capital	11,272,906	9,326,571	7,993,229	6,145,194	4,479,841
ENROLLMENT (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	36,102	31,526	24,770	18,394	12,836
17. Total members months (Column 6, Line 7)	410,450	360,916	279,620	199,950	142,392
OPERATING PERCENTAGE (Page 4) (Item divided by Page 4, sum of Line 2, Line 3, and Line 5) X 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Line 3 plus Line 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19)	99.4	96.9	94.7	92.7	95.9
20. Cost containment expenses	0.8	0.9	0.9	1.2	1.5
21. Other claims adjustment expenses	1.7	1.4	1.0	0.8	1.0
22. Total underwriting deductions (Line 23)	110.0	107.8	106.3	105.5	113.6
23. Total underwriting gain (loss) (Line 24)	(10.0)	(7.8)	(6.3)	(5.5)	(13.6)
UNPAID CLAIMS ANALYSIS (U and I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Column 5)	21,272,915	16,180,032	9,443,546	12,571,856	9,447,218
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	24,437,861	20,640,328	16,150,218	11,260,843	10,497,749
INVESTMENTS IN PARENT, SUBSIDIARIES, AND AFFILIATES					
26. Affiliated bonds (Schedule D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Schedule D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Schedule D Summary, Line 24, Column 1)					
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Column 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Line 26 to Line 31					
33. Total investment in parent included in Line 26 to Line 31 above					

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

Yes () No ()

If no, please explain:

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

States, Etc.	1		Direct Business Only Year to Date							
	Active Status		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/Casualty Premiums	8 Total Column 2 Through Column 7	9 Deposit-Type Contracts
1. Alabama	AL	N								
2. Alaska	AK	N								
3. Arizona	AZ	N								
4. Arkansas	AR	N								
5. California	CA	N								
6. Colorado	CO	N								
7. Connecticut	CT	N								
8. Delaware	DE	N								
9. District of Columbia	DC	N								
10. Florida	FL	N								
11. Georgia	GA	N								
12. Hawaii	HI	N								
13. Idaho	ID	N								
14. Illinois	IL	N								
15. Indiana	IN	N								
16. Iowa	IA	N								
17. Kansas	KS	N								
18. Kentucky	KY	N								
19. Louisiana	LA	N								
20. Maine	ME	L		264,605,127					264,605,127	
21. Maryland	MD	N								
22. Massachusetts	MA	N								
23. Michigan	MI	N								
24. Minnesota	MN	N								
25. Mississippi	MS	N								
26. Missouri	MO	N								
27. Montana	MT	N								
28. Nebraska	NE	N								
29. Nevada	NV	N								
30. New Hampshire	NH	L		10,523,913					10,523,913	
31. New Jersey	NJ	N								
32. New Mexico	NM	N								
33. New York	NY	N								
34. North Carolina	NC	N								
35. North Dakota	ND	N								
36. Ohio	OH	N								
37. Oklahoma	OK	N								
38. Oregon	OR	N								
39. Pennsylvania	PA	N								
40. Rhode Island	RI	N								
41. South Carolina	SC	N								
42. South Dakota	SD	N								
43. Tennessee	TN	N								
44. Texas	TX	N								
45. Utah	UT	N								
46. Vermont	VT	N								
47. Virginia	VA	N								
48. Washington	WA	N								
49. West Virginia	WV	N								
50. Wisconsin	WI	N								
51. Wyoming	WY	N								
52. American Samoa	AS	N								
53. Guam	GU	N								
54. Puerto Rico	PR	N								
55. U.S. Virgin Islands	VI	N								
56. Northern Mariana Islands	MP	N								
57. Canada	CAN	N								
58. Aggregate Other Alien	OT	X X X								
59. Subtotal		X X X		275,129,040					275,129,040	
60. Reporting entity contributions for Employee Benefit Plans		X X X								
61. Total (Direct Business)	(a)	2		275,129,040					275,129,040	

DETAILS OF WRITE-INS

58001.										
58002.										
58003.										
58998.	Summary of remaining write-ins for Line 58 from overflow page									
58999.	Total (Line 58001 through Line 58003 plus Line 58998) (Line 58 above)									

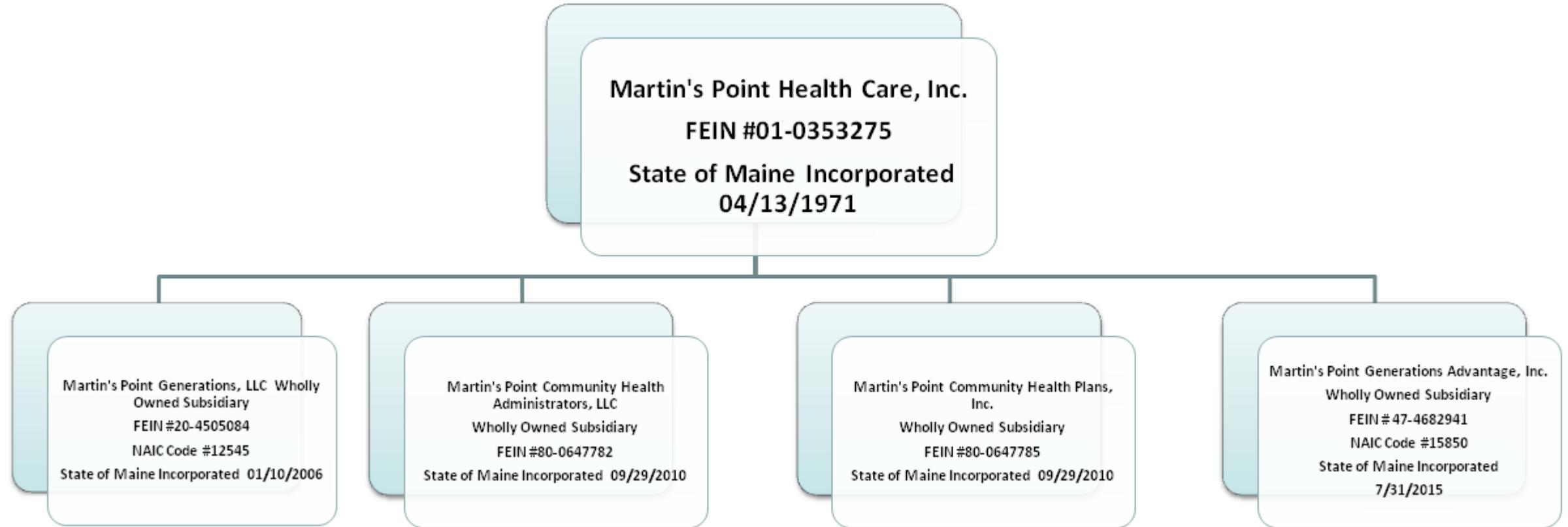
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

Explanation of basis of allocation by states, premiums by state, etc.

NO ALLOCATIONS NECESSARY, AS PREMIUMS ARE ACTUAL BY STATE

(a) Insert the number of "L" responses except for Canada and Other Alien.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Martin's Point Generations, LLC
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



Health

Annual Statement Blank Alphabetical Index

Analysis of Operations By Lines of Business	7	Schedule E - Verification Between Years	SI15
Assets	2	Schedule S - Part 1 - Section 2	31
Cash Flow	6	Schedule S - Part 2	32
Exhibit 1 - Enrollment By Product Type for Health Business Only	17	Schedule S - Part 3 - Section 2	33
Exhibit 2 - Accident and Health Premiums Due and Unpaid	18	Schedule S - Part 4	34
Exhibit 3 - Health Care Receivables	19	Schedule S - Part 5	35
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued	20	Schedule S - Part 6	36
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	21	Schedule S - Part 7	37
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	22	Schedule T - Part 2 - Interstate Compact	39
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates	23	Schedule T - Premiums and Other Considerations	38
Exhibit 7 - Part 1 - Summary of Transactions With Providers	24	Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	24	Schedule Y - Part 1A - Detail of Insurance Holding Company System	41
Exhibit 8 - Furniture, Equipment and Supplies Owned	25	Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Exhibit of Capital Gains (Losses)	15	Statement of Revenue and Expenses	4
Exhibit of Net Investment Income	15	Summary Investment Schedule	SI01
Exhibit of Nonadmitted Assets	16	Supplemental Exhibits and Schedules Interrogatories	43
Exhibit of Premiums, Enrollment and Utilization (State Page)	30	Underwriting and Investment Exhibit - Part 1	8
Five-Year Historical Data	29	Underwriting and Investment Exhibit - Part 2	9
General Interrogatories	27	Underwriting and Investment Exhibit - Part 2A	10
Jurat Page	1	Underwriting and Investment Exhibit - Part 2B	11
Liabilities, Capital and Surplus	3	Underwriting and Investment Exhibit - Part 2C	12
Notes To Financial Statements	26	Underwriting and Investment Exhibit - Part 2D	13
Overflow Page For Write-ins	44	Underwriting and Investment Exhibit - Part 3	14
Schedule A - Part 1	E01		
Schedule A - Part 2	E02		
Schedule A - Part 3	E03		
Schedule A - Verification Between Years	SI02		
Schedule B - Part 1	E04		
Schedule B - Part 2	E05		
Schedule B - Part 3	E06		
Schedule B - Verification Between Years	SI02		
Schedule BA - Part 1	E07		
Schedule BA - Part 2	E08		
Schedule BA - Part 3	E09		
Schedule BA - Verification Between Years	SI03		
Schedule D - Part 1	E10		
Schedule D - Part 1A - Section 1	SI05		
Schedule D - Part 1A - Section 2	SI08		
Schedule D - Part 2 - Section 1	E11		
Schedule D - Part 2 - Section 2	E12		
Schedule D - Part 3	E13		
Schedule D - Part 4	E14		
Schedule D - Part 5	E15		
Schedule D - Part 6 - Section 1	E16		
Schedule D - Part 6 - Section 2	E16		
Schedule D - Summary By Country	SI04		
Schedule D - Verification Between Years	SI03		
Schedule DA - Part 1	E17		
Schedule DA - Verification Between Years	SI10		
Schedule DB - Part A - Section 1	E18		
Schedule DB - Part A - Section 2	E19		
Schedule DB - Part A - Verification Between Years	SI11		
Schedule DB - Part B - Section 1	E20		
Schedule DB - Part B - Section 2	E21		
Schedule DB - Part B - Verification Between Years	SI11		
Schedule DB - Part C - Section 1	SI12		
Schedule DB - Part C - Section 2	SI13		
Schedule DB - Part D - Section 1	E22		
Schedule DB - Part D - Section 2	E23		
Schedule DB - Verification	SI14		
Schedule DL - Part 1	E24		
Schedule DL - Part 2	E25		
Schedule E - Part 1 - Cash	E26		
Schedule E - Part 2 - Cash Equivalents	E27		
Schedule E - Part 3 - Special Deposits	E28		