

QUARTERLY STATEMENT

of the

**HMO Maine, a Line of Business of
Anthem Health Plans of Maine, Inc.**

of

**South Portland
in the state of ME**

to the

Bureau of Insurance

of the State of

Maine

For the Period Ended

March 31, 2007

2007

STATEMENT OF REVENUE AND EXPENSES

	Current Year to Date		Prior Year to Date
	1 Uncovered	2 Total	3 Total
1. Member months.....	XXX	302,522	309,563
2. Net premium income (including \$.....0 non-health premium income).....	XXX	112,729,331	103,098,012
3. Change in unearned premium reserves and reserve for rate credits.....	XXX		
4. Fee-for-service (net of \$.....0 medical expenses).....	XXX		
5. Risk revenue.....	XXX		
6. Aggregate write-ins for other health care related revenues.....	XXX	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX	0	0
8. Total revenues (Lines 2 to 7).....	XXX	112,729,331	103,098,012
Hospital and Medical:			
9. Hospital/medical benefits.....		78,534,975	73,552,967
10. Other professional services.....		1,572	988
11. Outside referrals.....			
12. Emergency room and out-of-area.....		4,434,280	3,958,382
13. Prescription drugs.....		13,082,396	12,476,033
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....			
16. Subtotal (Lines 9 to 15).....	0	96,053,223	89,988,370
Less:			
17. Net reinsurance recoveries.....			
18. Total hospital and medical (Lines 16 minus 17).....	0	96,053,223	89,988,370
19. Non-health claims (net).....			
20. Claims adjustment expenses, including \$.....565,525 cost containment expenses.....		2,426,369	2,896,974
21. General administrative expenses.....		3,316,516	3,762,737
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only).....			
23. Total underwriting deductions (Lines 18 through 22).....	0	101,796,108	96,648,081
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	10,933,223	6,449,931
25. Net investment income earned.....		1,948,634	1,697,400
26. Net realized capital gains (losses) less capital gains tax of \$.....1,123.....		2,085	(16,594)
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	1,950,719	1,680,806
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....			
29. Aggregate write-ins for other income or expenses.....	0	1,127	2,621
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX	12,885,069	8,133,358
31. Federal and foreign income taxes incurred.....	XXX	4,509,774	2,846,675
32. Net income (loss) (Lines 30 minus 31).....	XXX	8,375,295	5,286,683

DETAILS OF WRITE-INS

0601.....	XXX		
0602.....	XXX		
0603.....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	XXX	0	0
0701.....	XXX		
0702.....	XXX		
0703.....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above).....	XXX	0	0
1401.....			
1402.....			
1403.....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	0	0	0
2901. Miscellaneous income.....		1,127	2,621
2902.....			
2903.....			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0	1,127	2,621

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	2		3	4	5	6	7	8	9	10
	Total	Individual	Comprehensive (Hospital & Medical)	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at End of:											
1. Prior Year.....	105,293	39	105,254								
2. First Quarter.....	100,240	42	100,198								
3. Second Quarter.....	0										
4. Third Quarter.....	0										
5. Current Year.....	0										
6. Current Year Member Months.....	302,522	123	302,399								
Total Member Ambulatory Encounters for Period:											
7. Physician.....	183,988	117	183,871								
8. Non-Physician.....	111,829	97	111,732								
9. Total.....	295,817	214	295,603	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred.....	6,912	5	6,907								
11. Number of Inpatient Admissions.....	1,575	2	1,573								
12. Health Premiums Written (a).....	0										
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	112,729,331	122,656	112,606,675								
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services.....	0										
18. Amount Incurred for Provision of Health Care Services.....	96,053,223	163,254	95,889,969								

(a) For health premiums written: Amount of Medicare Title XVIII exempt from state taxes or fees \$.....0