

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

June 30, 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	597,479	620,019
2. Net premium income (including \$.....0 non-health premium income).....	XXX	215,674,220	215,857,112
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	215,674,220	215,857,112
Hospital and Medical:			
9. Hospital/medical benefits.....		148,657,796	152,620,933
10. Other professional services.....		2,378	5,978
11. Outside referrals.....			
12. Emergency room and out-of-area.....		8,593,904	8,408,683
13. Prescription drugs.....		26,423,548	25,995,826
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	183,677,626	187,031,420
Less:			
17. Net reinsurance recoveries.....			
18. Total hospital and medical (Lines 16 minus 17).....	0	183,677,626	187,031,420
19. Non-health claims (net).....			
20. Claims adjustment expenses, including \$.....1,226,816 cost containment expenses.....		5,264,375	5,927,083
21. General administrative expenses.....		7,195,684	7,856,832
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	196,137,685	200,815,335
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	19,536,535	15,041,777
25. Net investment income earned.....		3,790,909	2,283,132
26. Net realized capital gains (losses) less capital gains tax of \$.....(174,073).....		(323,764)	(40,803)
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	3,467,145	2,242,329
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	11,074	24,863
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	23,014,754	17,308,969
31. Federal and foreign income taxes incurred.....	XXX	8,055,164	6,058,139
32. Net income (loss) (Lines 30 minus 31).....	XXX	14,959,590	11,250,830

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.....		11,074	24,863
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	11,074	24,863

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1		2		3	4	5	6	7	8	9	10
	Total	Individual	Comprehensive (Hospital & Medical)	Group								
Total Members at End of:												
1. Prior Year.....	105,293	39	105,254									
2. First Quarter.....	100,240	42	100,198									
3. Second Quarter.....	97,485	35	97,450									
4. Third Quarter.....	0											
5. Current Year.....	0											
6. Current Year Member Months.....	597,479	228	597,251									
Total Member Ambulatory Encounters for Period:												
7. Physician.....	363,412	247	363,165									
8. Non-Physician.....	222,256	160	222,096									
9. Total.....	585,668	407	585,261									
10. Hospital Patient Days Incurred.....	13,364	35	13,329									
11. Number of Inpatient Admissions.....	3,138	6	3,132									
12. Health Premiums Written (a).....	0											
13. Life Premiums Direct.....	0											
14. Property/Casualty Premiums Written.....	0											
15. Health Premiums Earned.....	215,674,220	230,337	215,443,883									
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.....	183,677,626	329,461	183,348,165									

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