

# **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, 2008

**2008**

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member months.....	XXX	542,101	597,479	1,163,667
2. Net premium income (including \$.....0 non-health premium income).....	XXX	203,545,949	215,674,220	422,103,930
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	0
7. Aggregate write-ins for other non-health revenues.....	XXX	0	0	0
8. Total revenues (Lines 2 to 7).....	XXX	203,545,949	215,674,220	422,103,930
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits.....		139,967,732	148,657,796	291,074,022
10. Other professional services.....			2,378	2,378
11. Outside referrals.....				
12. Emergency room and out-of-area.....		8,280,756	8,593,904	16,646,341
13. Prescription drugs.....		24,727,099	26,423,548	50,908,333
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....				
16. Subtotal (Lines 9 to 15).....	0	172,975,587	183,677,626	358,631,074
<b>Less:</b>				
17. Net reinsurance recoveries.....				
18. Total hospital and medical (Lines 16 minus 17).....	0	172,975,587	183,677,626	358,631,074
19. Non-health claims (net).....				
20. Claims adjustment expenses, including \$.....1,446,058 cost containment expenses.....		3,483,467	5,264,375	9,287,181
21. General administrative expenses.....		4,922,582	7,195,684	13,123,969
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	181,381,636	196,137,685	381,042,224
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	22,164,313	19,536,535	41,061,706
25. Net investment income earned.....		2,463,668	3,790,909	6,138,837
26. Net realized capital gains (losses) less capital gains tax of \$.....(8,558).....		(15,893)	(323,764)	489,759
27. Net investment gains or (losses) (Lines 25 plus 26).....	0	2,447,775	3,467,145	6,628,596
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	0	11,074	25,601
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	24,612,088	23,014,754	47,715,903
31. Federal and foreign income taxes incurred.....	XXX	8,614,231	8,055,164	16,700,566
32. Net income (loss) (Lines 30 minus 31).....	XXX	15,997,857	14,959,590	31,015,337

**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	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	XXX	0	0	0
0701. ....	XXX			
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX	0	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above).....	XXX	0	0	0
1401. ....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	0	0	0	0
2901. Miscellaneous income.....			11,074	25,601
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0	0	11,074	25,601

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1 Total	2 Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		Individual	Group							
<b>Total Members at End of:</b>										
1. Prior Year.....	94,252	27	94,225							
2. First Quarter.....	90,503	27	90,476							
3. Second Quarter.....	88,897		88,897							
4. Third Quarter.....	0									
5. Current Year.....	0									
6. Current Year Member Months.....	542,101	81	542,020							
<b>Total Member Ambulatory Encounters for Period:</b>										
7. Physician.....	330,940	167	330,773							
8. Non-Physician.....	212,214	128	212,086							
9. Total.....	543,154	295	542,859	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred.....	12,925	38	12,887							
11. Number of Inpatient Admissions.....	2,936	3	2,933							
12. Health Premiums Written (a).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	203,545,949	176,967	203,368,982							
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.....	172,975,587	193,938	172,781,649							

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