



HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2020
OF THE CONDITION AND AFFAIRS OF THE

Maine Community Health Options

NAIC Group Code00000000NAIC Company Code15077Employer's ID Number45-3416923

(Current)(Prior)

Organized under the Laws ofMaine, State of Domicile or Port of EntryME

Country of DomicileUnited States of America

Licensed as business type:Life, Accident & Health

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized09/26/2011Commenced Business01/01/2014

Statutory Home Office150 Mill Street, Suite 3Lewiston, ME, US 04240

(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office150 Mill Street, Suite 3Lewiston, ME, US 04240

(Street and Number)(City or Town, State, Country and Zip Code)

(Area Code) (Telephone Number)

Mail AddressPO Box 1121Lewiston, ME, US 04243-1121

(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records150 Mill Street, Suite 3Lewiston, ME, US 04240

(Street and Number)(City or Town, State, Country and Zip Code)

(Area Code) (Telephone Number)

Internet Website Addresswww.healthoptions.org

Statutory Statement ContactJoanne Lauterbach207-330-2390

(Name)(Area Code) (Telephone Number)

jlauterbach@healthoptions.org207-402-3318

(E-mail Address)(FAX Number)

OFFICERS

Chief Executive OfficerKevin LewisChief Information OfficerWilliam Kilbreth

Chief Operating OfficerRobert J HillmanChief Financial OfficerEdward J Vozzo

OTHER

Margaret Kelley, Chief Clinical Officer

DIRECTORS OR TRUSTEES

| | | |
|------------------|------------------|------------------------|
| Rebecca Conrad # | Fred Craigie Dr. | Judiann Ferretti Smith |
| Sarah Hines | Holly Korda | Asher Kramer # |
| Robert Lorenzo | Heidi Lukas | Rocell Marcellino |
| Jeff Norris | Michael Poulin # | Sharon Reishus |
| David Shipman | David Shultz | Mitchell Stein |
| Lisa Tapert | Ronnie Weston | Douglas Wilson |

State ofMaineSS:

County ofAndroscoggin

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.

Kevin LewisChief Executive Officer

Edward VozzoChief 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.....

Carrie Bolduc
Notary
8/2020

STATEMENT AS OF MARCH 31, 2020 OF THE Maine Community Health Options

ASSETS

| | Current Statement Date | | | 4 December 31 Prior Year Net Admitted Assets |
|---|------------------------|-------------------------|---|---|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds | 47,636,120 | | 47,636,120 | 51,384,628 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | | | 0 | 0 |
| 2.2 Common stocks | | | 0 | 0 |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens | | | 0 | 0 |
| 3.2 Other than first liens..... | | | 0 | 0 |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$ encumbrances) | | | 0 | 0 |
| 4.2 Properties held for the production of income (less \$ encumbrances) | | | 0 | 0 |
| 4.3 Properties held for sale (less \$ encumbrances) | | | 0 | 0 |
| 5. Cash (\$24,113,284), cash equivalents (\$98,258,564) and short-term investments (\$0) | 122,371,848 | | 122,371,848 | 114,075,281 |
| 6. Contract loans (including \$ premium notes) | | | 0 | 0 |
| 7. Derivatives | | | 0 | 0 |
| 8. Other invested assets | 206,500 | 206,500 | 0 | 0 |
| 9. Receivables for securities | | | 0 | 0 |
| 10. Securities lending reinvested collateral assets | | | 0 | 0 |
| 11. Aggregate write-ins for invested assets | 0 | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 170,214,468 | 206,500 | 170,007,968 | 165,459,909 |
| 13. Title plants less \$ charged off (for Title insurers only) | | | 0 | 0 |
| 14. Investment income due and accrued | 264,830 | | 264,830 | 357,220 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | 2,487,848 | 143,748 | 2,344,100 | 1,386,636 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums) | | | 0 | 0 |
| 15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$) | 201,241 | 201,241 | 0 | 0 |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | 3,899,177 | | 3,899,177 | 12,182,461 |
| 16.2 Funds held by or deposited with reinsured companies | | | 0 | 0 |
| 16.3 Other amounts receivable under reinsurance contracts | | | 0 | 0 |
| 17. Amounts receivable relating to uninsured plans | | | 0 | 0 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | | | 0 | 0 |
| 18.2 Net deferred tax asset | | | 0 | 0 |
| 19. Guaranty funds receivable or on deposit | | | 0 | 0 |
| 20. Electronic data processing equipment and software | 298,973 | 298,973 | 0 | 0 |
| 21. Furniture and equipment, including health care delivery assets (\$) | 563,616 | 563,616 | 0 | 0 |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 23. Receivables from parent, subsidiaries and affiliates | | | 0 | 0 |
| 24. Health care (\$3,030,509) and other amounts receivable | 3,248,258 | 263,522 | 2,984,736 | 3,014,650 |
| 25. Aggregate write-ins for other than invested assets | 2,069,174 | 2,069,174 | 0 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 183,247,585 | 3,746,774 | 179,500,811 | 182,400,876 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 | 0 |
| 28. Total (Lines 26 and 27) | 183,247,585 | 3,746,774 | 179,500,811 | 182,400,876 |
| DETAILS OF WRITE-INS | | | | |
| 1101. | | | | |
| 1102. | | | | |
| 1103. | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) | 0 | 0 | 0 | 0 |
| 2501. Sales Taxes Receivable | 200 | 200 | 0 | 0 |
| 2502. Miscellaneous Receivables | 3,142 | 3,142 | 0 | 0 |
| 2503. Prepaid Expenses | 2,050,248 | 2,050,248 | 0 | 0 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 15,584 | 15,584 | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) | 2,069,174 | 2,069,174 | 0 | 0 |

LIABILITIES, CAPITAL AND SURPLUS

| | Current Period | | | Prior Year |
|--|----------------|----------------|--------------|--------------|
| | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. Claims unpaid (less \$ reinsurance ceded) | 20,538,840 | | 20,538,840 | 23,096,128 |
| 2. Accrued medical incentive pool and bonus amounts | 110,000 | | 110,000 | 141,192 |
| 3. Unpaid claims adjustment expenses | 1,437,719 | | 1,437,719 | 1,752,875 |
| 4. Aggregate health policy reserves, including the liability of \$3,344,029 for medical loss ratio rebate per the Public Health Service Act | 61,114,351 | | 61,114,351 | 61,844,029 |
| 5. Aggregate life policy reserves | | | 0 | 0 |
| 6. Property/casualty unearned premium reserve | | | 0 | 0 |
| 7. Aggregate health claim reserves | | | 0 | 0 |
| 8. Premiums received in advance | 4,878,698 | | 4,878,698 | 4,617,091 |
| 9. General expenses due or accrued | 5,484,164 | | 5,484,164 | 5,548,788 |
| 10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses)) | | | 0 | 0 |
| 10.2 Net deferred tax liability | | | 0 | 0 |
| 11. Ceded reinsurance premiums payable | 1,116,739 | | 1,116,739 | 360,887 |
| 12. Amounts withheld or retained for the account of others..... | 8,263 | | 8,263 | 320,961 |
| 13. Remittances and items not allocated | | | 0 | 0 |
| 14. Borrowed money (including \$127,760 current) and interest thereon \$ (including \$ current) | 419,802 | | 419,802 | 450,565 |
| 15. Amounts due to parent, subsidiaries and affiliates | | | 0 | 0 |
| 16. Derivatives | | | 0 | 0 |
| 17. Payable for securities | | | 0 | 0 |
| 18. Payable for securities lending | | | 0 | 0 |
| 19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)..... | | | 0 | 0 |
| 20. Reinsurance in unauthorized and certified (\$) companies | | | 0 | 0 |
| 21. Net adjustments in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 22. Liability for amounts held under uninsured plans | | | 0 | 0 |
| 23. Aggregate write-ins for other liabilities (including \$ current) | 92,650 | 0 | 92,650 | 79,439 |
| 24. Total liabilities (Lines 1 to 23) | 95,201,226 | 0 | 95,201,226 | 98,211,955 |
| 25. Aggregate write-ins for special surplus funds | XXX | XXX | 0 | 2,256,974 |
| 26. Common capital stock | XXX | XXX | | |
| 27. Preferred capital stock | XXX | XXX | | |
| 28. Gross paid in and contributed surplus | XXX | XXX | | |
| 29. Surplus notes | XXX | XXX | 132,316,124 | 132,316,124 |
| 30. Aggregate write-ins for other than special surplus funds | XXX | XXX | 0 | 0 |
| 31. Unassigned funds (surplus) | XXX | XXX | (48,016,539) | (50,384,177) |
| 32. Less treasury stock, at cost: | | | | |
| 32.1 shares common (value included in Line 26 \$) | XXX | XXX | | |
| 32.2 shares preferred (value included in Line 27 \$) | XXX | XXX | | |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) | XXX | XXX | 84,299,585 | 84,188,921 |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 179,500,811 | 182,400,876 |
| DETAILS OF WRITE-INS | | | | |
| 2301. Risk Adjustment User Fee Payable | 92,650 | | 92,650 | 79,439 |
| 2302. | | | | |
| 2303. | | | | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | 0 | 0 | 0 | 0 |
| 2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above) | 92,650 | 0 | 92,650 | 79,439 |
| 2501. Estimated ACA Insurer Fee | XXX | XXX | 0 | 2,256,974 |
| 2502. | XXX | XXX | | |
| 2503. | XXX | XXX | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | XXX | XXX | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) | XXX | XXX | 0 | 2,256,974 |
| 3001. | XXX | XXX | | |
| 3002. | XXX | XXX | | |
| 3003. | XXX | XXX | | |
| 3098. Summary of remaining write-ins for Line 30 from overflow page | XXX | XXX | 0 | 0 |
| 3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above) | XXX | XXX | 0 | 0 |

STATEMENT OF REVENUE AND EXPENSES

| | Current Year To Date | | Prior Year To Date | Prior Year Ended December 31 |
|--|-------------------------|-------------|-----------------------|---------------------------------|
| | 1 Uncovered | 2 Total | 3 Total | 4 Total |
| 1. Member Months | XXX | 88,081 | 124,734 | 468,819 |
| 2. Net premium income (including \$ non-health premium income)..... | XXX | 45,337,488 | 68,335,128 | 242,246,323 |
| 3. Change in unearned premium reserves and reserve for rate credits..... | XXX | | | |
| 4. Fee-for-service (net of \$ medical expenses)..... | XXX | | | 0 |
| 5. Risk revenue | XXX | | | |
| 6. Aggregate write-ins for other health care related revenues | XXX | 105,700 | 0 | 298,281 |
| 7. Aggregate write-ins for other non-health revenues | XXX | 0 | 0 | 0 |
| 8. Total revenues (Lines 2 to 7) | XXX | 45,443,188 | 68,335,128 | 242,544,604 |
| Hospital and Medical: | | | | |
| 9. Hospital/medical benefits | | 25,147,991 | 29,836,142 | 121,594,422 |
| 10. Other professional services | | 1,091,967 | 1,202,358 | 7,890,841 |
| 11. Outside referrals | | 21,623 | 527 | 41,100 |
| 12. Emergency room and out-of-area | | 8,674,068 | 11,294,548 | 40,477,719 |
| 13. Prescription drugs | | 5,406,176 | 6,451,666 | 31,370,404 |
| 14. Aggregate write-ins for other hospital and medical | 0 | 0 | 0 | 0 |
| 15. Incentive pool, withhold adjustments and bonus amounts | | 110,000 | 110,000 | 141,192 |
| 16. Subtotal (Lines 9 to 15) | 0 | 40,451,825 | 48,895,241 | 201,515,678 |
| Less: | | | | |
| 17. Net reinsurance recoveries | | 2,650,739 | 7,281,616 | 43,468,638 |
| 18. Total hospital and medical (Lines 16 minus 17) | 0 | 37,801,086 | 41,613,625 | 158,047,040 |
| 19. Non-health claims (net) | | | | |
| 20. Claims adjustment expenses, including \$2,115,023 cost containment expenses | | 3,146,155 | 3,411,077 | 17,303,461 |
| 21. General administrative expenses | | 9,900,627 | 9,266,550 | 37,578,208 |
| 22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only) | | (5,404,680) | 11,100,000 | 6,300,000 |
| 23. Total underwriting deductions (Lines 18 through 22)..... | 0 | 45,443,188 | 65,391,252 | 219,228,709 |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23) | XXX | 0 | 2,943,876 | 23,315,895 |
| 25. Net investment income earned | | 666,215 | 788,763 | 3,276,791 |
| 26. Net realized capital gains (losses) less capital gains tax of \$ | | 8,738 | | |
| 27. Net investment gains (losses) (Lines 25 plus 26) | 0 | 674,953 | 788,763 | 3,276,791 |
| 28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$51,087)]..... | | (51,087) | 29,568 | (1,405,842) |
| 29. Aggregate write-ins for other income or expenses | 0 | 0 | 0 | 0 |
| 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 | 623,866 | 3,762,207 | 25,186,844 |
| 31. Federal and foreign income taxes incurred | XXX | | | |
| 32. Net income (loss) (Lines 30 minus 31) | XXX | 623,866 | 3,762,207 | 25,186,844 |
| DETAILS OF WRITE-INS | | | | |
| 0601. User Fee Revenue – Contraceptive Claims | XXX | 105,700 | | 298,281 |
| 0602. | XXX | | | |
| 0603. | XXX | | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | XXX | 0 | 0 | 0 |
| 0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) | XXX | 105,700 | 0 | 298,281 |
| 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 through 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 through 1403 plus 1498)(Line 14 above) | 0 | 0 | 0 | 0 |
| 2901. | | | | |
| 2902. | | | | |
| 2903. | | | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | 0 | 0 | 0 | 0 |
| 2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) | 0 | 0 | 0 | 0 |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | 1 Current Year to Date | 2 Prior Year to Date | 3 Prior Year Ended December 31 |
|--|------------------------------|----------------------------|--------------------------------------|
| CAPITAL AND SURPLUS ACCOUNT | | | |
| 33. Capital and surplus prior reporting year..... | 84,188,921 | 57,333,556 | 57,333,556 |
| 34. Net income or (loss) from Line 32 | 623,866 | 3,762,207 | 25,186,844 |
| 35. Change in valuation basis of aggregate policy and claim reserves | | | |
| 36. Change in net unrealized capital gains (losses) less capital gains tax of \$ | | | |
| 37. Change in net unrealized foreign exchange capital gain or (loss) | | | |
| 38. Change in net deferred income tax | | | |
| 39. Change in nonadmitted assets | (513,202) | 1,099,825 | 1,668,521 |
| 40. Change in unauthorized and certified reinsurance | 0 | | 0 |
| 41. Change in treasury stock | 0 | | 0 |
| 42. Change in surplus notes | 0 | | 0 |
| 43. Cumulative effect of changes in accounting principles..... | | | |
| 44. Capital Changes: | | | |
| 44.1 Paid in | | | 0 |
| 44.2 Transferred from surplus (Stock Dividend)..... | 0 | | 0 |
| 44.3 Transferred to surplus..... | | | |
| 45. Surplus adjustments: | | | |
| 45.1 Paid in | 0 | | 0 |
| 45.2 Transferred to capital (Stock Dividend) | | | |
| 45.3 Transferred from capital | | | |
| 46. Dividends to stockholders | | | |
| 47. Aggregate write-ins for gains or (losses) in surplus | 0 | 0 | 0 |
| 48. Net change in capital & surplus (Lines 34 to 47) | 110,664 | 4,862,032 | 26,855,365 |
| 49. Capital and surplus end of reporting period (Line 33 plus 48) | 84,299,585 | 62,195,588 | 84,188,921 |
| DETAILS OF WRITE-INS | | | |
| 4701. | | | |
| 4702. | | | |
| 4703. | | | |
| 4798. Summary of remaining write-ins for Line 47 from overflow page | 0 | 0 | 0 |
| 4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above) | 0 | 0 | 0 |

STATEMENT AS OF MARCH 31, 2020 OF THE Maine Community Health Options

CASH FLOW

| | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| Cash from Operations | | | |
| 1. Premiums collected net of reinsurance | 50,000,225 | 77,603,338 | 242,880,217 |
| 2. Net investment income | 518,610 | 646,625 | 3,214,240 |
| 3. Miscellaneous income | 105,700 | 0 | 298,281 |
| 4. Total (Lines 1 to 3) | 50,624,535 | 78,249,963 | 246,392,738 |
| 5. Benefit and loss related payments | 32,106,282 | 58,249,720 | 191,931,736 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 13,285,581 | 12,028,905 | 53,661,958 |
| 8. Dividends paid to policyholders | | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses) | 0 | | 0 |
| 10. Total (Lines 5 through 9) | 45,391,863 | 70,278,625 | 245,593,694 |
| 11. Net cash from operations (Line 4 minus Line 10) | 5,232,672 | 7,971,338 | 799,044 |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | 3,801,352 | 1,800,000 | 13,000,000 |
| 12.2 Stocks | 0 | | 0 |
| 12.3 Mortgage loans | 0 | | 0 |
| 12.4 Real estate | 0 | | 0 |
| 12.5 Other invested assets | 22,320 | | 0 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | 0 | | 0 |
| 12.7 Miscellaneous proceeds | 0 | | 0 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 3,823,672 | 1,800,000 | 13,000,000 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | 0 | | 0 |
| 13.2 Stocks | 0 | | 0 |
| 13.3 Mortgage loans | 0 | | 0 |
| 13.4 Real estate | 0 | | 0 |
| 13.5 Other invested assets | 0 | | 0 |
| 13.6 Miscellaneous applications | 0 | | 0 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 0 | 0 | 0 |
| 14. Net increase (or decrease) in contract loans and premium notes | 0 | | 0 |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | 3,823,672 | 1,800,000 | 13,000,000 |
| Cash from Financing and Miscellaneous Sources | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes | 0 | | 0 |
| 16.2 Capital and paid in surplus, less treasury stock | 0 | | 0 |
| 16.3 Borrowed funds | (30,763) | (53,067) | (208,406) |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | 0 | | 0 |
| 16.5 Dividends to stockholders | 0 | | 0 |
| 16.6 Other cash provided (applied) | (729,014) | 1,912,904 | 3,256,955 |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | (759,777) | 1,859,837 | 3,048,549 |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) | 8,296,567 | 11,631,175 | 16,847,593 |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year | 114,075,281 | 97,227,688 | 97,227,688 |
| 19.2 End of period (Line 18 plus Line 19.1) | 122,371,848 | 108,858,863 | 114,075,281 |

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

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 Total | 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 |
|--|----------------|---------------------------------------|----------------|---------------------------------|-------------------------|-------------------------|---|----------------------------------|--------------------------------|-----------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 37,062 | 25,685 | 11,377 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. First Quarter | 28,879 | 17,429 | 11,450 | | | | | | | |
| 3. Second Quarter | 0 | | | | | | | | | |
| 4. Third Quarter | 0 | | | | | | | | | |
| 5. Current Year | 0 | | | | | | | | | |
| 6. Current Year Member Months | 88,081 | 53,653 | 34,428 | | | | | | | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | |
| 7. Physician | 32,278 | 19,789 | 12,489 | | | | | | | |
| 8. Non-Physician | 15,222 | 9,060 | 6,162 | | | | | | | |
| 9. Total | 47,500 | 28,849 | 18,651 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 1,226 | 840 | 386 | | | | | | | |
| 11. Number of Inpatient Admissions | 256 | 167 | 89 | | | | | | | |
| 12. Health Premiums Written (a) | 49,565,791 | 33,777,767 | 15,788,024 | | | | | | | |
| 13. Life Premiums Direct | 0 | | | | | | | | | |
| 14. Property/Casualty Premiums Written | 0 | | | | | | | | | |
| 15. Health Premiums Earned | 49,565,791 | 33,777,767 | 15,788,024 | | | | | | | |
| 16. Property/Casualty Premiums Earned | 0 | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services..... | 45,002,484 | 30,866,889 | 14,135,595 | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | 40,451,825 | 25,836,828 | 14,614,997 | | | | | | | |

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

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

| Line of Business | Claims Paid Year to Date | | Liability End of Current Quarter | | 5 Claims Incurred in Prior Years (Columns 1 + 3) | 6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year |
|---|---|---|--|---|---|--|
| | 1 On Claims Incurred Prior to January 1 of Current Year | 2 On Claims Incurred During the Year | 3 On Claims Unpaid Dec. 31 of Prior Year | 4 On Claims Incurred During the Year | | |
| 1. Comprehensive (hospital and medical) | 19,798,316 | 23,744,089 | 4,907,420 | 15,631,420 | 24,705,736 | 23,096,128 |
| 2. Medicare Supplement | | | | | 0 | 0 |
| 3. Dental Only | | | | | 0 | 0 |
| 4. Vision Only | | | | | 0 | 0 |
| 5. Federal Employees Health Benefits Plan | | | | | 0 | 0 |
| 6. Title XVIII - Medicare | | | | | 0 | 0 |
| 7. Title XIX - Medicaid | | | | | 0 | 0 |
| 8. Other health | | | | | 0 | 0 |
| 9. Health subtotal (Lines 1 to 8) | 19,798,316 | 23,744,089 | 4,907,420 | 15,631,420 | 24,705,736 | 23,096,128 |
| 10. Healthcare receivables (a) | 1,693,863 | 1,600,168 | | | 1,693,863 | 0 |
| 11. Other non-health | | | | | 0 | 0 |
| 12. Medical incentive pools and bonus amounts | 141,192 | | | 110,000 | 141,192 | 141,192 |
| 13. Totals (Lines 9-10+11+12) | 18,245,645 | 22,143,921 | 4,907,420 | 15,741,420 | 23,153,065 | 23,237,320 |

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

NOTES TO FINANCIAL STATEMENTS

For purposes of the quarterly interim financial information, it is presumed that the users of the interim financial information have read or have access to the Annual Statement as of December 31, 2019. This presentation addresses only significant events occurring since the last Annual Statement.

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying financial statements of Maine Community Health Options (the “Company”) have been prepared in conformity with the National Association of Insurance Commissioners’ (“NAIC”) *Annual Statement Instructions* and in accordance with accounting practices prescribed by the NAIC *Accounting Practices and Procedures Manual* (“NAIC SAP”), subject to any deviations prescribed or permitted by the Maine Bureau of Insurance (the “Bureau”).

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

| | | SSAP # | F/S Page | F/S Line | March 31, 2020 | December 31, 2019 |
|------------|--|--------|----------|----------|----------------|-------------------|
| | | | | | | |
| NET INCOME | | | | | | |
| (1) | Company state basis (Page 4, Line 32, Columns 2 & 4) | XXX | XXX | XXX | \$623,866 | \$25,186,844 |
| (2) | State Prescribed Practices that are an increase/(decrease) from NAIC SAP | | | | — | — |
| (3) | State Permitted Practices that are an increase/(decrease) from NAIC SAP | | | | — | — |
| (4) | NAIC SAP (1-2-3=4) | | | | \$623,866 | \$25,186,844 |
| | | | | | | |
| SURPLUS | | | | | | |
| (5) | Company state basis (Page 3, Line 33, Columns 3 & 4) | XXX | XXX | XXX | \$84,299,585 | \$84,188,921 |
| (6) | State Prescribed Practices that are increase/(decrease) from NAIC SAP | | | | — | — |
| (7) | State Permitted Practices that are an increase/(decrease) from NAIC SAP | | | | — | — |
| (8) | NAIC SAP (5-6-7=8) | | | | \$84,299,585 | \$84,188,921 |
| | | | | | | |

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with NAIC Annual Statement Instructions and NAIC SAP 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 Policy

Health premiums are earned over the term of the related insurance policies and reinsurance contracts. Premiums written are reported net of reinsurance ceded and experience rating refunds. Premiums paid by subscribers prior to the effective date are recorded on the balance sheet as premiums received in advance and are subsequently credited to income as earned during the coverage period. Premium rates are subject to approval by the Bureau. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred. All other costs, including underwriting expenses, are charged to operations as incurred.

NOTES TO FINANCIAL STATEMENTS

In addition, the Company uses the following accounting policies:

- 1) Short-term investments include investments with maturities of less than one year at the date of acquisition and are reported at amortized cost, which approximates fair value.
- 2) Investment grade bonds not backed by other loans are stated at amortized cost, with amortization calculated based on the scientific interest method, using yield to maturity.
- 3) The Company has no investments in common stocks of unaffiliated companies.
- 4) The Company has no investments in preferred stocks.
- 5) The Company has no mortgage loans on real estate.
- 6) The Company has no investments in loan-backed securities.
- 7) The Company has no investments in subsidiaries, controlled and affiliated entities.
- 8) The Company has no investments in joint ventures, partnerships or limited liability companies.
- 9) The Company has no derivative instruments.
- 10) The Company uses anticipated investment income as a factor in the premium deficiency reserve calculation.
- 11) Unpaid claims and claims adjustment expenses include management's best estimate of amounts based on historical claim development patterns and certain individual case estimates. The established liability considers health benefit provisions, business practices, economic conditions and other factors that may materially affect the cost, frequency and severity of claims. Liabilities for unpaid claims and claim adjustment expenses are based on assumptions and estimates. While management believes such estimates are reasonable, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and changes in estimates are incorporated into current period estimates.
- 12) The Company has not modified its capitalization policy from the prior period.
- 13) Pharmaceutical rebate receivables are recorded when earned based on actual rebate receivables billed and an estimate of receivables based on current utilization of specific pharmaceuticals and provider contract terms.

D. Going Concern

Not applicable.

2. Accounting Changes and Corrections of Errors

There were no accounting changes or corrections of errors during the three months ended March 31, 2020.

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

Not Applicable.

5. Investments

A. Mortgage Loans, Including Mezzanine Real Estate Loans

The Company did not have investments in mortgage loans at March 31, 2020.

B. Debt Restructuring

The Company did not have invested assets that were restructured debt at March 31, 2020.

C. Reverse Mortgages

The Company did not have investments in reverse mortgages at March 31, 2020.

D. Loan-Backed Securities

The Company did not have investments in loan-backed securities at March 31, 2020.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

- (1) There were no significant changes for the three months ended March 31, 2020.
- (2) Not applicable.
- (3) Neither the Company nor its agent has accepted collateral that is permitted by contract or custom to sell or re-pledge as of March 31, 2020.
- (4) Not applicable.
- (5) Not applicable.
- (6) Not applicable.
- (7) Not applicable.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

The Company did not enter into repurchase agreement transactions accounted for as a secured borrowing at March 31, 2020.

G. Reverse Repurchase Agreements Transaction Accounted for as Secured Borrowing

The Company did not enter into reverse repurchase agreement transactions accounted for as a secured borrowing at March 31, 2020.

H. Repurchase Agreements Transactions Accounted for as a Sale

The Company did not enter into repurchase agreements accounted for as a sale at March 31, 2020.

I. Reverse Repurchase Agreements Transactions Accounted for a Sale

The Company did not enter into reverse repurchase agreements accounted for as a sale at March 31, 2020.

J. Real Estate

The Company did not have investments in real estate at March 31, 2020.

NOTES TO FINANCIAL STATEMENTS

K. Low-Income Housing Tax Credits (LIHTC)

The Company did not invest in properties generating low-income housing tax credits during the three months ended March 31, 2020.

L. Restricted Assets

There were no significant changes for the three months ended March 31, 2020.

M. Working Capital Finance Investments

The Company did not have any working capital finance investments at March 31, 2020.

N. Offsetting and Netting of Assets and Liabilities

The Company did not have any offsetting and netting of financial assets or liabilities at March 31, 2020.

O. Structured Notes

The Company did not have any structured notes at March 31, 2020.

P. 5GI Securities

The Company did not have any 5GI securities at March 31, 2020.

Q. Short Sales

The Company did not have any short sales at March 31, 2020.

R. Prepayment Penalty and Acceleration Fees

The Company did not have any prepayment penalty or acceleration fees at March 31, 2020.

6. Joint Ventures, Partnerships and Limited Liability Companies

There were no significant changes for the three months ended March 31, 2020.

7. Investment Income

There were no significant changes for the three months ended March 31, 2020.

8. Derivative Instruments

There were no significant changes for the three months ended March 31, 2020.

NOTES TO FINANCIAL STATEMENTS

9. Income Taxes

The Company is exempt from Federal income taxes under Section 501(c)(29) of the Internal Revenue Code. Accordingly, no provision for income taxes has been made in the accompanying financial statements. The Company's federal income tax return is not consolidated with any other entity.

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

There were no significant changes for the three months ended March 31, 2020.

11. Debt**A. Debt, including Capital Notes**

At March 31, 2020 and December 31, 2019, the Company had outstanding a note payable, with a face value and a carry value of \$239,493 and \$257,043, respectively, to Mill 2 Storehouse, LLC, for expenses related to leasehold improvements. The note payable was issued May 1, 2014 (the commencement date) and is payable in monthly principal and interest payments of \$7,106 until April 2023. The note is contingent upon the Company remaining in the leased space. If the Company does not renew the lease after the initial five-year term, the note will become due 60 days after cancellation. The note carries interest at 6%. As of March 31, 2020 and December 31, 2019, the Company paid interest of \$3,768 and \$17,641 on this note.

At March 31, 2020 and December 31, 2019, the Company had outstanding a note payable, with a face value and a carry value of \$180,309 and \$193,522, respectively, to Mill 2 Storehouse, LLC, for expenses related to leasehold improvements. The note payable was issued October 1, 2014 (the commencement date) and is payable in monthly principal and interest payments of \$5,350 until April 2023. The note is contingent upon the Company remaining in the leased space. If the Company does not renew the lease after the initial five-year term, the note will become due 60 days after cancellation. The note carries interest at 6%. As of March 31, 2020 and December 31, 2019, the Company paid interest of \$2,837 and \$13,281 on this note.

The Company had an outstanding note payable to Key Equipment Corporation for equipment. The note payable was issued October 14, 2014 (the commencement date) and was payable in monthly principal and interest payments of \$8,378 until November 2019. The note carried interest at 5.1%. As of December 31, 2019, the Company paid interest of \$2,308 on this note.

B. FHLB (Federal Home Loan Bank) Agreements

The Company had no FHLB Agreements at March 31, 2020.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**A. Defined Benefit Plan**

Not Applicable

B. Defined Benefit Plan Investment Policies and Strategies

Not Applicable

C. Defined Benefit Plan Fair Value of Assets

Not Applicable

NOTES TO FINANCIAL STATEMENTS

D. Defined Benefit Plan Basis Used to Determine the Overall Expected Rate of Return on Assets Assumption

Not Applicable

E. Defined Contribution Plan

The Company maintains a Section 401(k) Retirement Plan for its employees. Elective employee deferrals were matched by the Company in an amount equal to 100% of such deferrals up to a maximum match of 3% of compensation plus 50% of such elective deferrals equal to more than 3% but not exceeding 5% of compensation. The Company's contribution to the plan as of March 31, 2020 was \$96,095.

The Company owns a Section 457 (b) Plan for its employees. This Plan limits participation to a select group of management or highly compensated employees (or "top hat" group) and is exempt from most Employee Retirement Income Security Act of 1974 requirements. During 2020, the Company executed fund withdrawals of \$22,320, with an initial cost of \$18,500 resulting in a realized gain of \$3,820. The value of the Plan funds was \$144,000 and \$162,500 at March 31, 2020 and December 31, 2019, respectively. As of March 31, 2020 and December 31, 2019 the fair market value of the funds is \$170,708 and \$215,318, respectively.

F. Multiemployer Plans

Not Applicable

G. Consolidating/Holding Company Plans

Not Applicable

H. Postemployment Benefits and Compensated Absences

Liabilities for earned not yet taken vacation benefits have been accrued as of March 31, 2020.

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

Not Applicable

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations**(1) – (8)**

No significant change.

(9) Changes in Special Surplus Funds

The change in the balance of special surplus funds from the prior year is due to a change in the amounts segregated for the estimated Affordable Care Act health insurer fee. As of March 31, 2020, the Company fully expenses the estimated 2020 insurer fee.

(10) – (13)

No significant change.

NOTES TO FINANCIAL STATEMENTS

14. Liabilities, Contingencies and Assessments

There were no significant changes for the three months ended March 31, 2020.

15. Leases

There were no significant changes for the three months ended March 31, 2020.

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

The Company had no financial instruments with off-balance sheet risk at March 31, 2020.

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

A. Transfers of Receivables Reported as Sales

Not applicable at March 31, 2020.

B. Transfer and Servicing of Financial Assets

(1) There were no significant changes for the three months ended March 31, 2020.

(2) - (7) Not Applicable.

C. Wash Sales

(1) In the course of the Company's asset management, securities may be sold and reacquired within 30 days of the sale date to enhance yield on the investments.

(2) At March 31, 2020, there were no wash sales involving securities with an NAIC designation of 3 or below or unrated.

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

A. Administrative Services Only Plans: Not Applicable.

B. Administrative Services Contract Plans: Not Applicable.

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

NOTES TO FINANCIAL STATEMENTS

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not applicable.

20. Fair Value Measurements

A. Fair Value Measurements

The Company had no material assets or liabilities measured and reported at fair value at March 31, 2020.

B. Fair Value Measurements Under Other Accounting Pronouncements

The Company had no material assets or liabilities measured and reported at fair value at March 31, 2020.

C. Financial Instruments

The carrying values and estimated fair values of the Company’s financial instruments at March 31, 2020 were as follows:

| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | (Level 1) | (Level 2) | (Level 3) | Net Asset Value (NAV) | Not Practicable (Carrying Value) |
|------------------------------|----------------------|-----------------|--------------|--------------|-----------|-----------------------|----------------------------------|
| Bonds | \$48,944,762 | \$47,636,120 | \$----- | \$48,944,762 | \$----- | \$----- | \$----- |
| Cash Equivalents | \$98,258,564 | \$98,258,564 | \$98,258,564 | \$----- | \$----- | \$----- | \$----- |

D. Not Practicable to Estimate Fair Value

There are no financial instruments that were not practicable to estimate at fair value at March 31, 2020.

E. Investment Measured Using the NAV Practical Expedient

The Company had no investments using the NAV practical expedient at March 31, 2020.

21. Other Items

No significant change.

22. Events Subsequent

Subsequent events have been considered through May 14, 2019 for the statutory statements issued on May 15, 2019. Subsequent to December 31, 2019, the Organization entered into advance payment agreements with two provider networks. The Organization advanced \$5,000,000 and \$1,500,000, respectively, for future services to be rendered by these providers. The Organization anticipates all funds to be recouped by December 31, 2020. See Note 24E(5) for subsequent event regarding Risk Corridor. There were no additional events occurring subsequent to March 31, 2020 requiring disclosure.

23. Reinsurance

There were no significant changes for the three months ended March 31, 2020.

NOTES TO FINANCIAL STATEMENTS

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

- A. Not applicable at March 31, 2020.
- B. Not applicable at March 31, 2020.
- C. Not applicable at March 31, 2020.
- D. The Company had no medical loss rebate accruals at March 31, 2020.
- E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions (YES/NO)? Yes

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

| | <u>AMOUNT</u> |
|--|---------------|
| a. Permanent ACA Risk Adjustment Program | |
| Assets | |
| 1. Premium adjustments receivable due to ACA Risk Adjustment | \$ 0 |
| Liabilities | |
| 2. Risk adjustment user fees payable for ACA Risk Adjustment | 13,212 |
| 3. Premium adjustments payable due to ACA Risk Adjustment | 4,675,002 |
| Operations (Revenue & Expense) | |
| 4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment | 4,675,002 |
| 5. Reported in expenses as ACA risk adjustment user fees (incurred/paid) | 13,212 |
| b. Transitional ACA Reinsurance Program | |
| Assets | |
| 1. Amounts recoverable for claims paid due to ACA Reinsurance | 0 |
| 2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability) | 0 |
| 3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance | 0 |
| Liabilities | |
| 4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium . | 0 |
| 5. Ceded reinsurance premiums payable due to ACA Reinsurance | 0 |
| 6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance | 0 |
| Operations (Revenue & Expense) | |
| 7. Ceded reinsurance premiums due to ACA Reinsurance | 0 |
| 8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments | 0 |
| 9. ACA Reinsurance contributions – not reported as ceded premium | 0 |
| c. Temporary ACA Risk Corridors Program | |
| Assets | |
| 1. Accrued retrospective premium due to ACA Risk Corridors | 0 |
| Liabilities | |
| 2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors | 0 |
| Operations (Revenue & Expense) | |
| 3. Effect of ACA Risk Corridors on net premium income (paid/received) | 0 |
| 4. Effect of ACA Risk Corridors on change in reserves for rate credits | 0 |

NOTES TO FINANCIAL STATEMENTS

(3) Roll forward of prior year ACA risk sharing provisions for the following asset (gross of any non-admission) and liability balances along with the reasons for adjustments to prior year balance.

| | Accrued During the Prior Year on Business Written | | Received or Paid as of the Current Year on Business | | Differences | | Adjustments | | Unsettled Balances as of the Reporting Date | |
|---|---|-----------|---|-----------|--|--|------------------------|------------------------|---|---|
| | Before Dec. 31 of the Prior Year | | Written Before Dec. 31 of the Prior Year | | Prior Year Accrued Less Payments (Col 1 - 3) | Prior Year Accrued Less Payments (Col 2 - 4) | To Prior Year Balances | To Prior Year Balances | Cumulative Balance from Prior Years (Col 1 - 3 + 7) | Cumulative Balance from Prior Years (Col 2 - 4 + 8) |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | |
| | Receivable | (Payable) | Receivable | (Payable) | Receivable | (Payable) | Receivable | (Payable) | Ref | Receivable (Payable) |
| a. Permanent ACA Risk Adjustment Program | | | | | | | | | | |
| 1. Premium adjustments receivable | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | A | 0 |
| 2. Premium adjustments (payable) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | B | 0 |
| 3. Subtotal ACA Permanent Risk Adjustment Program | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| b. Transitional ACA Reinsurance Program | | | | | | | | | | |
| 1. Amounts recoverable for claims paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | C | 0 |
| 2. Amounts recoverable for claims unpaid (contra liability) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | D | 0 |
| 3. Amounts receivable relating to uninsured plans | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | E | 0 |
| 4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | F | 0 |
| 5. Ceded reinsurance premiums payable | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | G | 0 |
| 6. Liability for amounts held under uninsured plans .. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | H | 0 |
| 7. Subtotal ACA Transitional Reinsurance Program | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| c. Temporary ACA Risk Corridors Program | | | | | | | | | | |
| 1. Accrued retrospective premium | 201,241 | 0 | 0 | 0 | 201,241 | 0 | 0 | 0 | I | 201,241 |
| 2. Reserve for rate credits or policy experience rating refunds | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | J | 0 |
| 3. Subtotal ACA Risk Corridors Program | 201,241 | 0 | 0 | 0 | 201,241 | 0 | 0 | 0 | | 201,241 |
| d. Total for ACA Risk Sharing Provisions | 201,241 | 0 | 0 | 0 | 201,241 | 0 | 0 | 0 | | 201,241 |

Explanation of Adjustments

- A Adjustment were made to reflect the ending balance as reported in the Centers for Medicare & Medicaid Services "Summary Report on Transitional Reinsurance Payments and Permanent Risk Adjustment Transfers for the 2018 Benefit Year"
- B Adjustment were made to reflect the ending balance as reported in the Centers for Medicare & Medicaid Services "Summary Report on Transitional Reinsurance Payments and Permanent Risk Adjustment Transfers for the 2018 Benefit Year"
- C RIP Proration factor 53.046% to 53.163% increase for 2016
- D Not Applicable
- E Not Applicable
- F Not Applicable
- G Not Applicable
- H Not Applicable
- I Not Applicable
- J Not Applicable

NOTES TO FINANCIAL STATEMENTS

(4) Roll forward of Risk Corridors Asset and Liability Balances by Program Benefit Year.

| Risk Corridors Program Year | Accrued During the Prior Year on Business Written Before Dec. 31 of the Prior Year | | Received or Paid as of the Current Year on Business Written Before Dec. 31 of the Prior Year | | Differences | | Adjustments | | Unsettled Balances as of the Reporting Date | | |
|---|--|-----------|--|-----------|--|--|------------------------|------------------------|---|---|-----------|
| | | | | | Prior Year Accrued Less Payments (Col 1 - 3) | Prior Year Accrued Less Payments (Col 2 - 4) | To Prior Year Balances | To Prior Year Balances | Cumulative Balance from Prior Years (Col 1 - 3 + 7) | Cumulative Balance from Prior Years (Col 2 - 4 + 8) | |
| | | | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Ref | 9 | 10 |
| | Receivable | (Payable) | Receivable | (Payable) | Receivable | (Payable) | Receivable | (Payable) | | Receivable | (Payable) |
| a. 2014 | | | | | | | | | | | |
| 1. Accrued retrospective premium | 201,241 | 0 | 0 | 0 | 201,241 | 0 | 0 | 0 | A | 201,241 | 0 |
| 2. Reserve for rate credits or policy experience rating refunds | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | B | 0 | 0 |
| b. 2015 | | | | | | | | | | | |
| 1. Accrued retrospective premium | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | C | 0 | 0 |
| 2. Reserve for rate credits or policy experience rating refunds | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | D | 0 | 0 |
| c. 2016 | | | | | | | | | | | |
| 1. Accrued retrospective premium | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | E | 0 | 0 |
| 2. Reserve for rate credits or policy experience rating refunds | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | F | 0 | 0 |
| d. Total for Risk Corridors | 201,241 | 0 | 0 | 0 | 201,241 | 0 | 0 | 0 | | 201,241 | 0 |

Explanation of Adjustments

- A Not Applicable
- B Not Applicable
- C Not Applicable
- D Not Applicable
- E Not Applicable
- F Not Applicable

24E(4)d (Columns 1 through 10) should equal 24E(3)c3 (Column 1 through 10 respectively)

(5) ACA Risk Corridors Receivable as of Reporting Date

| Risk Corridors Program Year | 1 Estimated Amount to be Filed or Final Amount Filed with CMS | 2 Non-Accrued Amounts for Impairment or Other Reasons | 3 Amounts received from CMS | 4 Asset Balance (Gross of Non-admissions) (1-2-3) | 5 Non-admitted | 6 Net Admitted Asset (4-5) |
|-----------------------------|--|--|--------------------------------|--|-------------------|-------------------------------|
| a. 2014 | 241,717 | 0 | 40,476 | 201,241 | 201,241 | 0 |
| b. 2015 | 22,739,205 | 22,739,205 | 0 | 0 | 0 | 0 |
| c. 2016 | 35,998,655 | 35,998,655 | 0 | 0 | 0 | 0 |
| d. Total (a+b+c) | 58,979,577 | 58,737,860 | 40,476 | 201,241 | 201,241 | 0 |

24E(5)d (Column 4) should equal 24E(3)c1 (Column 9)

24E(5)d (Column 6) should equal 24E(2)c1

On April 27, 2020, the US Supreme Court (the Court) ruled in favor of CHO and certain other health insurance companies concerning their entitlement to reimbursement from the US Government for claim payments subject to the Risk Corridors Program during the first three years of the Affordable Care Act (2014-2016). CHO claims \$58,979,577 of such risk corridor reimbursements. The amount and timing of payment by the United States is uncertain at this point in time.

25. Change in Incurred Claims and Claim Adjustment Expenses

- A. Reserves as of March 31, 2020 were \$22,086,559. As of March 31, 2020, \$20,633,753 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$5,250,939 as a result of re-estimation of unpaid claims

NOTES TO FINANCIAL STATEMENTS

and claim adjustments expenses principally on the comprehensive line of business. Therefore, there has been a \$894,498 favorable prior year development since December 31, 2019 to March 31, 2020. 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.

- B. There were no significant changes in methodologies and assumptions used in calculating the liability for unpaid claims and claims adjustment expenses.

26. Intercompany Pooling Arrangements

There were no significant changes for the three months ended March 31, 2020.

27. Structured Settlements

There were no significant changes for the three months ended March 31, 2020.

28. Health Care Receivables

There were no significant changes for the three months ended March 31, 2020.

29. Participating Policies

There were no significant changes for the three months ended March 31, 2020.

30. Premium Deficiency Reserves

The Company recorded premium deficiency reserves at March 31, 2020 and December 31, 2019 of \$12,488,663 and \$22,100,000, respectively.

| | |
|---|---------------|
| 1. Liability carried for premium deficiency reserves | \$ 12,488,663 |
| 2. Date of the most recent evaluation of this liability | 3/31/2020 |
| 3. Was anticipated investment income utilized in the calculation? | Yes X No |

31. Anticipated Salvage and Subrogation

There were no significant changes for the three months ended March 31, 2020.

STATEMENT AS OF MARCH 31, 2020 OF THE Maine Community Health Options

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [] No [X]

1.2

If yes, has the report been filed with the domiciliary state?

Yes [] No []

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [] No [X]

2.2

If yes, date of change:

3.1

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?

If yes, complete Schedule Y, Parts 1 and 1A.

Yes [] No [X]

3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [] No [X]

3.3

If the response to 3.2 is yes, provide a brief description of those changes.

3.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [] No [X]

3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

If yes, complete and file the merger history data file with the NAIC.

Yes [] No [X]

4.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

| | | |
|----------------|-------------------|-------------------|
| 1 | 2 | 3 |
| Name of Entity | NAIC Company Code | State of Domicile |
| | | |

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

If yes, attach an explanation.

Yes [] No [X] N/A []

6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2017

6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2017

6.3

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).

10/04/2019

6.4

By what department or departments?
Maine Bureau of Insurance

6.5

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]

6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [] No [] N/A [X]

7.1

Has this 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]

7.2

If yes, give full information:

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 below the names and location (city and state of the main office) of any affiliates regulated by a federal 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 | 2 | 3 | 4 | 5 | 6 |
| Affiliate Name | Location (City, State) | FRB | OCC | FDIC | SEC |
| | | | | | |

STATEMENT AS OF MARCH 31, 2020 OF THE Maine Community Health Options

GENERAL INTERROGATORIES

- 9.1

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 []
- 9.11

If the response to 9.1 is No, please explain:
- 9.2

Has the code of ethics for senior managers been amended?

Yes [] No [X]
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]
- 9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [] No [X]
- 10.2

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

\$

INVESTMENT

- 11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [] No [X]
- 11.2

If yes, give full and complete information relating thereto:
12.

Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$
13.

Amount of real estate and mortgages held in short-term investments:

\$
- 14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [] No [X]
- 14.2

If yes, please complete the following:
- | | 1 | 2 |
|---|---|--|
| | Prior Year-End Book/Adjusted Carrying Value | Current Quarter Book/Adjusted Carrying Value |
| 14.21 Bonds | \$0 | \$ |
| 14.22 Preferred Stock | \$0 | \$ |
| 14.23 Common Stock | \$0 | \$ |
| 14.24 Short-Term Investments | \$0 | \$ |
| 14.25 Mortgage Loans on Real Estate | \$0 | \$ |
| 14.26 All Other | \$0 | \$ |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | \$0 | \$0 |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | \$ | \$ |
- 15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [] No [X]
- 15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement.

Yes [] No [] N/A []
16.

For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1

Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

\$0
- 16.2

Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$0
- 16.3

Total payable for securities lending reported on the liability page.

\$0

STATEMENT AS OF MARCH 31, 2020 OF THE Maine Community Health Options

GENERAL INTERROGATORIES

17. 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 []
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

| 1 Name of Custodian(s) | 2 Custodian Address |
|---------------------------|---|
| Key Private Bank | 4900 Tiedeman Road, Brooklyn, OH 44144-2302 |
| US Bank | 1555 N. Rivercenter Dr. Suite 300 Milwaukee, WI 53212 |

- 17.2 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) |
|--------------|------------------|------------------------------|
| | | |

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]
- 17.4 If yes, give full information relating thereto:

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

- 17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

| 1 Name of Firm or Individual | 2 Affiliation |
|---------------------------------|------------------|
| Key Private Bank | U..... |
| Ed Vozzo | I..... |
| | |

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [X] No []

- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [X] No []

- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

| 1 | 2 | 3 | 4 | 5 |
|---|----------------------------|-------------------------------|--|--|
| Central Registration Depository Number | Name of Firm or Individual | Legal Entity Identifier (LEI) | Registered With | Investment Management Agreement (IMA) Filed |
| Not Applicable | Key Private Bank | HUX2X73FUCYHUVH1BK78 | Office of the Comptroller of the Currency | DS..... |

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []
- 18.2 If no, list exceptions:

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
 - b. Issuer or obligor is current on all contracted interest and principal payments.
 - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Has the reporting entity self-designated 5GI securities? Yes [] No [X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
- a. The security was purchased prior to January 1, 2018.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
 - d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
- Has the reporting entity self-designated PLGI securities? Yes [] No [X]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- a. The shares were purchased prior to January 1, 2019.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
 - d. The fund only or predominantly holds bonds in its portfolio.
 - e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
 - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
- Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1.

Operating Percentages:

1.1 A&H loss percent

75.9 %

1.2 A&H cost containment percent

4.7 %

1.3 A&H expense percent excluding cost containment expenses

24.1 %

2.1

Do you act as a custodian for health savings accounts?

Yes [] No [X]

2.2

If yes, please provide the amount of custodial funds held as of the reporting date

.\$

2.3

Do you act as an administrator for health savings accounts?

Yes [] No [X]

2.4

If yes, please provide the balance of the funds administered as of the reporting date

.\$

3.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes [X] No []

3.1

If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes [] No []

SCHEDULE S - CEDED REINSURANCE

[illegible]

STATEMENT AS OF MARCH 31, 2020 OF THE Maine Community Health Options

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

| Current Year to Date - Allocated by States and Territories | | | | | | | | | |
|--|-------------------|------------------------------|----------------------|--------------------|--|--|----------------------------|---------------------------|------------------------|
| States, etc. | 1 | Direct Business Only | | | | | | | |
| | Active Status (a) | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | | Accident and Health Premiums | Medicare Title XVIII | Medicaid Title XIX | Federal Employees Health Benefits Program Premiums | Life and Annuity Premiums & Other Considerations | Property/Casualty Premiums | Total Columns 2 Through 7 | Deposit-Type Contracts |
| 1. Alabama | AL | N | | | | | | 0 | |
| 2. Alaska | AK | N | | | | | | 0 | |
| 3. Arizona | AZ | N | | | | | | 0 | |
| 4. Arkansas | AR | N | | | | | | 0 | |
| 5. California | CA | N | | | | | | 0 | |
| 6. Colorado | CO | N | | | | | | 0 | |
| 7. Connecticut | CT | N | | | | | | 0 | |
| 8. Delaware | DE | N | | | | | | 0 | |
| 9. District of Columbia | DC | N | | | | | | 0 | |
| 10. Florida | FL | N | | | | | | 0 | |
| 11. Georgia | GA | N | | | | | | 0 | |
| 12. Hawaii | HI | N | | | | | | 0 | |
| 13. Idaho | ID | N | | | | | | 0 | |
| 14. Illinois | IL | N | | | | | | 0 | |
| 15. Indiana | IN | N | | | | | | 0 | |
| 16. Iowa | IA | N | | | | | | 0 | |
| 17. Kansas | KS | N | | | | | | 0 | |
| 18. Kentucky | KY | N | | | | | | 0 | |
| 19. Louisiana | LA | N | | | | | | 0 | |
| 20. Maine | ME | L | 49,565,791 | | | | | 49,565,791 | |
| 21. Maryland | MD | N | | | | | | 0 | |
| 22. Massachusetts | MA | N | | | | | | 0 | |
| 23. Michigan | MI | N | | | | | | 0 | |
| 24. Minnesota | MN | N | | | | | | 0 | |
| 25. Mississippi | MS | N | | | | | | 0 | |
| 26. Missouri | MO | N | | | | | | 0 | |
| 27. Montana | MT | N | | | | | | 0 | |
| 28. Nebraska | NE | N | | | | | | 0 | |
| 29. Nevada | NV | N | | | | | | 0 | |
| 30. New Hampshire | NH | L | | | | | | 0 | |
| 31. New Jersey | NJ | N | | | | | | 0 | |
| 32. New Mexico | NM | N | | | | | | 0 | |
| 33. New York | NY | N | | | | | | 0 | |
| 34. North Carolina | NC | N | | | | | | 0 | |
| 35. North Dakota | ND | N | | | | | | 0 | |
| 36. Ohio | OH | N | | | | | | 0 | |
| 37. Oklahoma | OK | N | | | | | | 0 | |
| 38. Oregon | OR | N | | | | | | 0 | |
| 39. Pennsylvania | PA | N | | | | | | 0 | |
| 40. Rhode Island | RI | N | | | | | | 0 | |
| 41. South Carolina | SC | N | | | | | | 0 | |
| 42. South Dakota | SD | N | | | | | | 0 | |
| 43. Tennessee | TN | N | | | | | | 0 | |
| 44. Texas | TX | N | | | | | | 0 | |
| 45. Utah | UT | N | | | | | | 0 | |
| 46. Vermont | VT | N | | | | | | 0 | |
| 47. Virginia | VA | N | | | | | | 0 | |
| 48. Washington | WA | N | | | | | | 0 | |
| 49. West Virginia | WV | N | | | | | | 0 | |
| 50. Wisconsin | WI | N | | | | | | 0 | |
| 51. Wyoming | WY | N | | | | | | 0 | |
| 52. American Samoa | AS | N | | | | | | 0 | |
| 53. Guam | GU | N | | | | | | 0 | |
| 54. Puerto Rico | PR | N | | | | | | 0 | |
| 55. U.S. Virgin Islands | VI | N | | | | | | 0 | |
| 56. Northern Mariana Islands | MP | N | | | | | | 0 | |
| 57. Canada | CAN | N | | | | | | 0 | |
| 58. Aggregate Other Aliens | OT | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Subtotal | XXX | 49,565,791 | 0 | 0 | 0 | 0 | 0 | 49,565,791 | 0 |
| 60. Reporting Entity Contributions for Employee Benefit Plans | XXX | | | | | | | 0 | |
| 61. Totals (Direct Business) | XXX | 49,565,791 | 0 | 0 | 0 | 0 | 0 | 49,565,791 | 0 |
| DETAILS OF WRITE-INS | | | | | | | | | |
| 58001. | XXX | | | | | | | | |
| 58002. | XXX | | | | | | | | |
| 58003. | XXX | | | | | | | | |
| 58998. Summary of remaining write-ins for Line 58 from overflow page | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Active Status Counts:

L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG.....2

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....0

N - None of the above - Not allowed to write business in the state.....55

R - Registered - Non-domiciled RRGs.....0

Q - Qualified - Qualified or accredited reinsurer.....0

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

NONE

STATEMENT AS OF MARCH 31, 2020 OF THE Maine Community Health Options

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

[illegible]

| Asterisk | Explanation |
|----------|-------------|
| | |

STATEMENT AS OF MARCH 31, 2020 OF THE Maine Community Health Options

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

| | Response |
|---|----------|
| 1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? | NO |

Explanation:

1.

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]



STATEMENT AS OF MARCH 31, 2020 OF THE Maine Community Health Options

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

| | | Current Statement Date | | | 4 |
|-------|---|------------------------|--------------------|--------------------------------------|-----------------------------------|
| | | 1 | 2 | 3 | |
| | | Assets | Nonadmitted Assets | Net Admitted Assets (Cols. 1 - 2) | Prior Year Net Admitted Assets |
| 2504. | Security Deposits | 15,584 | 15,584 | 0 | 0 |
| 2597. | Summary of remaining write-ins for Line 25 from overflow page | 15,584 | 15,584 | 0 | 0 |

STATEMENT AS OF MARCH 31, 2020 OF THE Maine Community Health Options

SCHEDULE A - VERIFICATION

Real Estate

| | 1 | 2 |
|--|--------------|---------------------------------|
| | Year to Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year | | |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | |
| 2.2 Additional investment made after acquisition | | |
| 3. Current year change in encumbrances | | |
| 4. Total gain (loss) on disposals | | |
| 5. Deduct amounts received on disposals | | |
| 6. Total foreign exchange change in book/adjusted carrying value | | |
| 7. Deduct current year's other than temporary impairment recognized | | |
| 8. Deduct current year's depreciation | | |
| 9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) | | |
| 10. Deduct total nonadmitted amounts | | |
| 11. Statement value at end of current period (Line 9 minus Line 10) | | |

SCHEDULE B - VERIFICATION

Mortgage Loans

| | 1 | 2 |
|---|--------------|---------------------------------|
| | Year to Date | Prior Year Ended December 31 |
| 1. Book value/recorded investment excluding accrued interest, December 31 of prior year | | |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | |
| 2.2 Additional investment made after acquisition | | |
| 3. Capitalized deferred interest and other | | |
| 4. Accrual of discount | | |
| 5. Unrealized valuation increase (decrease) | | |
| 6. Total gain (loss) on disposals | | |
| 7. Deduct amounts received on disposals | | |
| 8. Deduct amortization of premium and mortgage investment and commitment fees | | |
| 9. Total foreign exchange change in book value/recorded investment including accrued interest | | |
| 10. Deduct current year's other than temporary impairment recognized | | |
| 11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | | |
| 12. Total valuation allowance | | |
| 13. Subtotal (Line 11 plus Line 12) | | |
| 14. Deduct total nonadmitted amounts | | |
| 15. Statement value at end of current period (Line 13 minus Line 14) | | |

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

| | 1 | 2 |
|--|--------------|---------------------------------|
| | Year to Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year | 225,000 | 225,000 |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | |
| 2.2 Additional investment made after acquisition | | |
| 3. Capitalized deferred interest and other | | 0 |
| 4. Accrual of discount | | |
| 5. Unrealized valuation increase (decrease) | | 0 |
| 6. Total gain (loss) on disposals | 3,820 | |
| 7. Deduct amounts received on disposals | 22,320 | |
| 8. Deduct amortization of premium and depreciation | | |
| 9. Total foreign exchange change in book/adjusted carrying value | | 0 |
| 10. Deduct current year's other than temporary impairment recognized | | 0 |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | 206,500 | 225,000 |
| 12. Deduct total nonadmitted amounts | 206,500 | 225,000 |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 0 | 0 |

SCHEDULE D - VERIFICATION

Bonds and Stocks

| | 1 | 2 |
|---|--------------|---------------------------------|
| | Year to Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 51,384,628 | 64,177,338 |
| 2. Cost of bonds and stocks acquired | | 0 |
| 3. Accrual of discount | 55,847 | 248,619 |
| 4. Unrealized valuation increase (decrease) | | 0 |
| 5. Total gain (loss) on disposals | 4,917 | 0 |
| 6. Deduct consideration for bonds and stocks disposed of | 3,801,352 | 13,000,000 |
| 7. Deduct amortization of premium | 7,920 | 41,329 |
| 8. Total foreign exchange change in book/adjusted carrying value | | 0 |
| 9. Deduct current year's other than temporary impairment recognized | | 0 |
| 10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees | | 0 |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) | 47,636,120 | 51,384,628 |
| 12. Deduct total nonadmitted amounts | | 0 |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 47,636,120 | 51,384,628 |

STATEMENT AS OF MARCH 31, 2020 OF THE Maine Community Health Options

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

| NAIC Designation | 1 Book/Adjusted Carrying Value Beginning of Current Quarter | 2 Acquisitions During Current Quarter | 3 Dispositions During Current Quarter | 4 Non-Trading Activity During Current Quarter | 5 Book/Adjusted Carrying Value End of First Quarter | 6 Book/Adjusted Carrying Value End of Second Quarter | 7 Book/Adjusted Carrying Value End of Third Quarter | 8 Book/Adjusted Carrying Value December 31 Prior Year |
|-------------------------------------|---|--|--|--|---|--|---|---|
| BONDS | | | | | | | | |
| 1. NAIC 1 (a) | 47,420,026 | 0 | 1,800,000 | 43,153 | 45,663,179 | | | 47,420,026 |
| 2. NAIC 2 (a) | 3,964,602 | 0 | 2,001,352 | 9,691 | 1,972,941 | | | 3,964,602 |
| 3. NAIC 3 (a) | 0 | | | | 0 | | | |
| 4. NAIC 4 (a) | 0 | | | | 0 | | | |
| 5. NAIC 5 (a) | 0 | | | | 0 | | | |
| 6. NAIC 6 (a) | 0 | | | | 0 | | | |
| 7. Total Bonds | 51,384,628 | 0 | 3,801,352 | 52,844 | 47,636,120 | 0 | 0 | 51,384,628 |
| PREFERRED STOCK | | | | | | | | |
| 8. NAIC 1 | 0 | | | | 0 | | | |
| 9. NAIC 2 | 0 | | | | 0 | | | |
| 10. NAIC 3 | 0 | | | | 0 | | | |
| 11. NAIC 4 | 0 | | | | 0 | | | |
| 12. NAIC 5 | 0 | | | | 0 | | | |
| 13. NAIC 6 | 0 | | | | 0 | | | |
| 14. Total Preferred Stock | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Total Bonds and Preferred Stock | 51,384,628 | 0 | 3,801,352 | 52,844 | 47,636,120 | 0 | 0 | 51,384,628 |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:
NAIC 1 \$; NAIC 2 \$; NAIC 3 \$ NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

SCHEDULE DA - PART 1

Short-Term Investments

| | 1 | 2 | 3 | 4 | 5 |
|----------------|---------------------------------|-----------|------|------------------------------------|--|
| | Book/Adjusted Carrying Value | Par Value | Cost | Interest Collected Year-to-Date | Paid for Accrued Interest Year-to-Date |
| 9199999 Totals | | | | | |

NONE

SCHEDULE DA - VERIFICATION

Short-Term Investments

| | 1 | 2 |
|---|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year | 0 | 2,014,467 |
| 2. Cost of short-term investments acquired | | 0 |
| 3. Accrual of discount | | 0 |
| 4. Unrealized valuation increase (decrease) | | 0 |
| 5. Total gain (loss) on disposals | | 0 |
| 6. Deduct consideration received on disposals | | 2,000,000 |
| 7. Deduct amortization of premium | | 14,467 |
| 8. Total foreign exchange change in book/adjusted carrying value | | 0 |
| 9. Deduct current year's other than temporary impairment recognized | | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 0 | 0 |
| 11. Deduct total nonadmitted amounts | | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 0 | 0 |

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of
Derivatives

N O N E

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

| | 1 | 2 |
|---|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year | 103,739,982 | 75,558,087 |
| 2. Cost of cash equivalents acquired | 4,575,683 | 28,431,064 |
| 3. Accrual of discount | | 0 |
| 4. Unrealized valuation increase (decrease) | | 0 |
| 5. Total gain (loss) on disposals | | 0 |
| 6. Deduct consideration received on disposals | 10,057,101 | 249,169 |
| 7. Deduct amortization of premium | | 0 |
| 8. Total foreign exchange change in book/adjusted carrying value | | 0 |
| 9. Deduct current year's other than temporary impairment recognized | | 0 |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 98,258,564 | 103,739,982 |
| 11. Deduct total nonadmitted amounts | | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 98,258,564 | 103,739,982 |

Schedule A - Part 2 - Real Estate Acquired and Additions Made

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

N O N E

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

N O N E

STATEMENT AS OF MARCH 31, 2020 OF THE Maine Community Health Options

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE During the Current Quarter

| 1 | 2 | Location | | 5 | 6 NAIC Designation and Admini- strative Symbo | 7 | 8 | 9 | 10 | 11 | 12 | 13 | |
|-------------------------|---------------------|---------------|----------------|--------------------------------------|---|-------------------------|--|--|---------------------------|---|----------------------------|----|--|
| CUSIP Identification | Name or Description | 3 City | 4 State | Name of Vendor or General Partner | Date Originally Acquired | Type and Strategy | Actual Cost at Time of Acquisition | Additional Investment Made After Acquisition | Amount of Encumbrances | Commitment for Additional Investment | Percentage of Ownership | | |
| | | | | NONE | | | | | | | | | |
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| 5099999 - Totals | | | | | | | | | | | XXX | | |

SCHEDULE BA - PART 3

Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Quarter

[illegible]

STATEMENT AS OF MARCH 31, 2020 OF THE Maine Community Health Options

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

| 1 CUSIP Identification | 2 Description | 3 Foreign | 4 Date Acquired | 5 Name of Vendor | 6 Number of Shares of Stock | 7 Actual Cost | 8 Par Value | 9 Paid for Accrued Interest and Dividends | 10 NAIC Designation and Administrative Symbol |
|---------------------------|------------------|--------------|--------------------|---------------------|--------------------------------|------------------|----------------|--|--|
| NONE | | | | | | | | | |
| 9999999 - Totals | | | | | | | XXX | | XXX |

STATEMENT AS OF MARCH 31, 2020 OF THE Maine Community Health Options

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Change In Book/Adjusted Carrying Value | | | | | 16 | 17 | 18 | 19 | 20 | 21 | 22 | |
|---|--|--------------|--------------------------|----------------------|---------------------------------|------------------------|------------------------|------------------------|--|--|--|---|---|---|---|--|---|-------------------------------------|---|--|--|------------|
| | | | | | | | | | | 11 | 12 | 13 | 14 | 15 | | | | | | | | |
| CUSIP Ident- ification | Description | For- eign | Disposal Date | Name of Purchaser | Number of Shares of Stock | Consid- eration | Par Value | Actual Cost | Prior Year Book/ Adjusted Carrying Value | Unrealized Valuation Increase/ (Decrease) | Current Year's (Amor- tization)/ Accretion | Current Year's Other Than Temporary Impairment Recog- nized | Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13) | Total Foreign Exchange Change in Book /Adjusted Carrying Value | Book/ Adjusted Carrying Value at Disposal Date | Foreign Exchange Gain (Loss) on Disposal | Realized Gain (Loss) on Disposal | Total Gain (Loss) on Disposal | Bond Interest/ Stock Dividends Received During Year | Stated Con- tractual Maturity Date | NAIC Desig- nation and Admini- strative Symbol | |
| 58933Y-AS-4 913017-QM-9 | Merck & Co Inc UNITED TECHNOLOGIES CORP | | 02/10/2020 03/04/2020 | Maturity Broker | | 1,800,000 2,001,352 | 1,800,000 2,000,000 | 1,801,660 1,962,260 | 1,799,536 1,992,690 | 0 0 | 464 3,744 | 0 0 | 464 3,744 | 0 0 | 1,800,000 1,996,434 | 0 0 | 0 4,917 | 0 4,917 | 0 4,917 | 16,650 12,667 | 02/10/2020 05/04/2020 | 1FE 2FE |
| United States | | | | | | 3,801,352 | 3,800,000 | 3,763,920 | 3,792,226 | 0 | 4,208 | 0 | 4,208 | 0 | 3,796,434 | 0 | 4,917 | 4,917 | 29,317 | XXX | XXX | |
| 3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) | | | | | | 3,801,352 | 3,800,000 | 3,763,920 | 3,792,226 | 0 | 4,208 | 0 | 4,208 | 0 | 3,796,434 | 0 | 4,917 | 4,917 | 29,317 | XXX | XXX | |
| 8399997. Total - Bonds - Part 4 | | | | | | 3,801,352 | 3,800,000 | 3,763,920 | 3,792,226 | 0 | 4,208 | 0 | 4,208 | 0 | 3,796,434 | 0 | 4,917 | 4,917 | 29,317 | XXX | XXX | |
| 8399998. Total - Bonds - Part 5 | | | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 8399999. Total - Bonds | | | | | | 3,801,352 | 3,800,000 | 3,763,920 | 3,792,226 | 0 | 4,208 | 0 | 4,208 | 0 | 3,796,434 | 0 | 4,917 | 4,917 | 29,317 | XXX | XXX | |
| 8999997. Total - Preferred Stocks - Part 4 | | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX |
| 8999998. Total - Preferred Stocks - Part 5 | | | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 8999999. Total - Preferred Stocks | | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX |
| 9799997. Total - Common Stocks - Part 4 | | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX |
| 9799998. Total - Common Stocks - Part 5 | | | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 9799999. Total - Common Stocks | | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX |
| 9899999. Total - Preferred and Common Stocks | | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX |
| | | | | | | 0 | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | XXX | |
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| | | | | | | | | | | | | | | | | | | | | | | |
| 9999999 - Totals | | | | | | 3,801,352 | XXX | 3,763,920 | 3,792,226 | 0 | 4,208 | 0 | 4,208 | 0 | 3,796,434 | 0 | 4,917 | 4,917 | 29,317 | XXX | XXX | |

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open
N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open
N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made
N O N E

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To
N O N E

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees
N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned
N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned
N O N E

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

| 1 | 2 | 3 | 4 | 5 | Book Balance at End of Each Month During Current Quarter | | | 9 |
|--|------|------------------|--|--|---|--------------|-------------|-----|
| | | | | | 6 | 7 | 8 | |
| | | | | | First Month | Second Month | Third Month | |
| Depository | Code | Rate of Interest | Amount of Interest Received During Current Quarter | Amount of Interest Accrued at Current Statement Date | | | | * |
| Key Bank, N.A. Port land, ME | | | | | (1,386,152) | (786,295) | (539,216) | XXX |
| Key Bank, N.A. Port land, ME | RA | | | | 19,337,500 | 29,322,500 | 24,652,500 | XXX |
| 0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories | XXX | XXX | | | | | | XXX |
| 0199999. Totals - Open Depositories | XXX | XXX | 0 | 0 | 17,951,348 | 28,536,205 | 24,113,284 | XXX |
| 0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories | XXX | XXX | | | | | | XXX |
| 0299999. Totals - Suspended Depositories | XXX | XXX | 0 | 0 | 0 | 0 | 0 | XXX |
| 0399999. Total Cash on Deposit | XXX | XXX | 0 | 0 | 17,951,348 | 28,536,205 | 24,113,284 | XXX |
| 0499999. Cash in Company's Office | XXX | XXX | XXX | XXX | | | | XXX |
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| 0599999. Total - Cash | XXX | XXX | 0 | 0 | 17,951,348 | 28,536,205 | 24,113,284 | XXX |

STATEMENT AS OF MARCH 31, 2020 OF THE Maine Community Health Options

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

[illegible]