

HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2020 OF THE CONDITION AND AFFAIRS OF THE

Maine Community Health Options

NAIC Gro	oup Code 0000 0000 N	IAIC Company Code	_15	5077 Employer's I	D Number4	5-3416923
Organized under the Laws of	Maine	, St	tate o	of Domicile or Port of E	intry	ME
Country of Domicile		United States of A	Ameri	ica		
Licensed as business type:		Life, Accident &	Heal	th		
Is HMO Federally Qualified? Yes [] No [X]					
Incorporated/Organized	09/26/2011		Comi	menced Business		01/01/2014
Statutory Home Office	150 Mill Street, Suite 3	,			Lewiston, ME, US	S 04240
	(Street and Number)			(City or	Town, State, Coun	try and Zip Code)
Main Administrative Office		150 Mill Street, S				
Lew	viston, ME, US 04240	(Street and Nur	mber)		
	, State, Country and Zip Code)			ıA)	rea Code) (Telepho	one Number)
Mail Address	PO Box 1121			L	ewiston, ME, US 0	4243-1121
	(Street and Number or P.O. Box)				Town, State, Coun	
Primary Location of Books and Reco	ords	150 Mill Street,	Suite	3		
•		(Street and Nur				
	viston, ME, US 04240 State, Country and Zip Code)			(Δ.	rea Code) (Telepho	ano Numbor)
(City of Town	, State, Country and Zip Code)			(Al	ea Code) (Telepho	one Number)
Internet Website Address		www.healthoptio	ns.oı	rg		
Statutory Statement Contact	Joanne Lauterbac	:h		,	207-33	30-2390
iloutor	(Name)				, , ,	lephone Number)
jiauten	bach@healthoptions.org (E-mail Address)				207-402-33 (FAX Numb	
	,	0551055	_		,	,
Chief Executive Officer	Kevin Lewis	OFFICER	-	nformation Officer		William Kilbreth
Chief Operating Officer				ef Financial Officer		panne Lauterbach #
Margaret Kelley, Chief C	Clinical Officer	OTHER				
a.garot rtonoj, omor o						
Rebecca Conr		IRECTORS OR T Fred Craigie		_	.1	ludiann Ferretti Smith
Sarah Hine	s	Holly Kord	la			Asher Kramer #
Robert Loren Jeff Norris		Heidi Luka Sharon Reis				Rocell Marcellino David Shipman
David Shult	Z	Mitchell Ste	ein			Lisa Tapert
Ronnie West	on	Douglas Wil	lson			
State of County of Ar	Maine SS:					
County ofAi	luioscoggiii					
all of the herein described assets v statement, together with related exh condition and affairs of the said reprin accordance with the NAIC Annua rules or regulations require differe respectively. Furthermore, the scope	were the absolute property of the said ibits, schedules and explanations there of the period said statement instructions and Account notes in reporting not related to account one of this attestation by the described	reporting entity, free ein contained, annex stated above, and of ing Practices and Pro counting practices ar officers also include:	e and ed or its in oced or oce	I clear from any liens referred to, is a full at come and deductions ures manual except to rocedures, according related corresponding	or claims thereon, nd true statement of therefrom for the poor the extent that: (1 to the best of the g electronic filing w	at on the reporting period stated above except as herein stated, and that this of all the assets and liabilities and of the eriod ended, and have been completed) state law may differ; or, (2) that state ir information, knowledge and belief ith the NAIC, when required, that is an arious regulators in lieu of or in addition
Kevin Lewis Chief Executive Office		Joanne Lauteri Chief Financial (Office a.	ls this an original filing	?	Yes [X] No []
Subscribed and sworn to before me day of	this			If no, 1. State the amendme	ent number	
aa, o				Date filed		

3. Number of pages attached...

ASSETS

			Current Statement Date		4
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1	Bonds	50,468,231	Nonaumited Assets		51,384,628
1.					
2.	Stocks:				•
	2.1 Preferred stocks				0
	2.2 Common stocks			0	0
3.	Mortgage loans on real estate:				
	3.1 First liens				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
	,			0	0
	4.3 Properties held for sale (less \$			_	
	encumbrances)			0	0
5.	Cash (\$61,974,451), cash equivalents				
	(\$96,092,680) and short-term				
	investments (\$0)	158,067,131		158,067,131	114,075,281
6.	Contract loans (including \$ premium notes)				0
7.	Derivatives promain 1866)				0
	Other invested assets				
8.					0
9.	Receivables for securities				0
10.	Securities lending reinvested collateral assets				0
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	208,741,862	206,500	208,535,362	165,459,909
13.	Title plants less \$ charged off (for Title insurers				
	only)			0	0
14.	Investment income due and accrued	254,616		254,616	357,220
15.	Premiums and considerations:	,		ŕ	,
10.	15.1 Uncollected premiums and agents' balances in the course of collection.	2 424 762	701 357	1 723 405	1 386 636
		2,727,702		1,720,400	1,000,000
	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 (\$				
	contracts subject to redetermination (\$			0	0
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	5,338,112		5,338,112	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
	Current federal and foreign income tax recoverable and interest thereon				0
18.1	•				
18.2					0
19.	Guaranty funds receivable or on deposit				0
20.	Electronic data processing equipment and software	132,807	132,807	0	0
21.	Furniture and equipment, including health care delivery assets				
	(\$)	487,080	487,080	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 (\$2,621,155) and other amounts receivable	6.827.029	4.515.165		3.014.650
25.	Aggregate write-ins for other than invested assets				0
26.	Total assets excluding Separate Accounts, Segregated Accounts and				
20.	Protected Cell Accounts (Lines 12 to 25)	225,899,693	7,736,334	218, 163, 359	182,400,876
27.	From Separate Accounts, Segregated Accounts and Protected Cell				
	Accounts			0	0
28.	Total (Lines 26 and 27)	225,899,693	7,736,334	218,163,359	182,400,876
	DETAILS OF WRITE-INS				
1101.					
1101.					
1103.					
1198.	Summary of remaining write-ins for Line 11 from overflow page		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	12,815	12,815	0	0
2503.	Prepaid Expenses	1,667,607	1,667,607	0	0
2598.	Summary of remaining write-ins for Line 25 from overflow page		12,803	0	0
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	1,693,425	1,693,425	0	0
		.,000, 120	.,555, 120	ı U	•

LIABILITIES, CAPITAL AND SURPLUS

	LIABILITIES, CAP		Current Period		Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$ reinsurance ceded)	20,112,223		20,112,223	23,096,128
2.	Accrued medical incentive pool and bonus amounts	330,000		330,000	141, 192
3.	Unpaid claims adjustment expenses	1,407,856		1,407,856	1,752,875
4.	Aggregate health policy reserves, including the liability of				
	\$0 for medical loss ratio rebate per the Public				
	Health Service Act	55,446,732		55,446,732	61,844,029
5.	Aggregate life policy reserves			0	0
6.	Property/casualty unearned premium reserve			0	0
7.	Aggregate health claim reserves				
8.	Premiums received in advance				
9.	General expenses due or accrued			5, 181, 164	
_	Current federal and foreign income tax payable and interest thereon	, 101, 101			
10.1	(including \$ on realized gains (losses))			0	0
10.0	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated			0	0
14.	Borrowed money (including \$131,642 current) and				
	interest thereon \$ (including				
	\$ current)				
15.	Amounts due to parent, subsidiaries and affiliates	•		0	0
16.	Derivatives				
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
23.	Aggregate write-ins for other liabilities (including \$				
20.	current)	44 626	0	44,626	79 439
24.	Total liabilities (Lines 1 to 23)			87,776,454	
25.	Aggregate write-ins for special surplus funds			0	
26.	Common capital stock				
20. 27.	Preferred capital stock				
	Gross paid in and contributed surplus				
28.	Surplus notes				
29.					
30.	Aggregate write-ins for other than special surplus funds				
31.	Unassigned funds (surplus)	XXX	XXX	(1,929,219)	(50,384,1//)
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				
	\$				
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	130,386,905	84,188,921
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	218,163,359	182,400,876
	DETAILS OF WRITE-INS				
2301.	Risk Adjustment User Fee Payable	44,626		44,626	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)	44,626	0	44,626	79,439
2501.	Estimated ACA Insurer Fee			,	
2502.	Estimated non-insulative				
2503.	Common of complete with the fact the QE from profile ways				
2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	2,256,974
3001.			XXX		
3002.					
3003.					
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 To Da		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	1001	257,160	357,314	468,819
2.	Net premium income (including \$ non-health		·		
	premium income)	xxx	138 , 190 , 766	189,255,728	242,246,323
3.	Change in unearned premium reserves and reserve for rate credits	XXX	58,737,860		
4.	Fee-for-service (net of \$ medical expenses)	XXX			0
5.	Risk revenue				
6.	Aggregate write-ins for other health care related revenues				298,281
7.	Aggregate write-ins for other non-health revenues				
8.	Total revenues (Lines 2 to 7)	XXX	197, 167,216	189,381,035	242,544,604
9.	Hospital and Medical: Hospital/medical benefits		71 102 700	90 004 911	121,594,422
10.	Other professional services			6, 186, 844	7,890,841
11.	Outside referrals			38,018	41,100
12.	Emergency room and out-of-area			31,877,367	40,477,719
13.	Prescription drugs		, ,	22,280,735	31,370,404
14.	Aggregate write-ins for other hospital and medical			0	0
15.	Incentive pool, withhold adjustments and bonus amounts		330,000	330,000	141, 192
16.	Subtotal (Lines 9 to 15)	0	117,192,091	149,717,775	201,515,678
	Less:				
17.	Net reinsurance recoveries				
18.	Total hospital and medical (Lines 16 minus 17)	0	100,628,857	124,954,186	158,047,040
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$6,207,486 cost				. .
	containment expenses				
21.	General administrative expenses		33,490,240	27,430,756	37,578,208
22.	Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		2 524 627	12 001 000	6 200 000
23.	Total underwriting deductions (Lines 18 through 22)				219,228,709
23. 24.	Net underwriting gain or (loss) (Lines 8 minus 23)				23,315,895
25.	Net investment income earned			2,520,777	3,276,791
26.	Net realized capital gains (losses) less capital gains tax of		, 200, 220		
	\$		29,904		
27.	Net investment gains (losses) (Lines 25 plus 26)			2,520,777	3,276,791
28.	Net gain or (loss) from agents' or premium balances charged off [(amount				
	recovered \$)				
	(amount charged off \$479,078)]		(479,078)	(588,851)	(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)	YYY	50 700 745	16 256 289	25 , 186 , 844
31.	Federal and foreign income taxes incurred		50,700,740	10,230,203	20, 100,044
32.	Net income (loss) (Lines 30 minus 31)	XXX	50,700,745	16,256,289	25,186,844
	DETAILS OF WRITE-INS	1221	, ,	, - , -	-, ,
0601.	User Fee Revenue - Contraceptive Claims	xxx	238,590	125,307	298,281
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page			0	0
0699.	Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	238,590	125,307	298,281
0701.		XXX		,	
0702.		XXX			
0703.					
0798.	Summary of remaining write-ins for Line 7 from overflow page		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
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)

	STATEMENT OF REVENUE AND E	EXPENSES (C	ontinuec	1) 3
		Current Year to Date	Prior Year to Date	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	50,700,745	16,256,289	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	(4,502,761)	654,866	1,668,521
40	Change in unauthorized and certified reinsurance	0	0	0
41.	Change in treasury stock	0	0	0
42.	Change in surplus notes	0	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	0
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in	0	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)	46,197,984	16,911,155	26,855,365
49.	Capital and surplus end of reporting period (Line 33 plus 48)	130,386,905	74,244,711	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

CASH FLOW

	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	186,145,614	181,816,203	242,880,217
2.	Net investment income	1,240,894	2,456,735	3,214,240
3.	Miscellaneous income	238,590	125,307	298,281
4.	Total (Lines 1 to 3)	187,625,098	184,398,245	246,392,738
5.	Benefit and loss related payments	96,579,605	144,822,700	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	44,287,416	38,520,454	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	0
10.	Total (Lines 5 through 9)	140,867,021	183,343,154	245,593,694
11.	Net cash from operations (Line 4 minus Line 10)	46,758,077	1,055,091	799,044
11.	Net cash from operations (Line 4 fillings Line 10)	40,730,077	1,035,031	799,044
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds			13,000,000
	12.2 Stocks			0
	12.3 Mortgage loans	0	0	0
	12.4 Real estate			0
	12.5 Other invested assets			0
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
	12.7 Miscellaneous proceeds	0	0	0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	15,423,672	2,800,000	13,000,000
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	14,355,280	0	0
	13.2 Stocks	0	0	0
	13.3 Mortgage loans	0	0	0
	13.4 Real estate	0	0	0
	13.5 Other invested assets	0	0	0
	13.6 Miscellaneous applications	0	0	0
	13.7 Total investments acquired (Lines 13.1 to 13.6)	14,355,280	0	0
14.	Net increase (or decrease) in contract loans and premium notes	0	0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	1,068,392	2,800,000	13,000,000
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes			0
	16.2 Capital and paid in surplus, less treasury stock			0
	16.3 Borrowed funds			(208,406)
	16.4 Net deposits on deposit-type contracts and other insurance liabilities			0
	16.5 Dividends to stockholders	0	0	0
	16.6 Other cash provided (applied)	(3,740,931)	3,292,605	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)	(3,834,619)	3,131,155	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)	43,991,850	6,986,246	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)	158,067,131	104,213,934	114,075,281

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Compreh (Hospital &	ensive Medical)	4	5	6	7	8	9	10
		2	3	Medicare	Vision	Dental	Federal Employees Health Benefit	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	37,062	25,685	11,377	0	0	0	0	0	0	
2. First Quarter	28,879	17,429	11,450	0	0	0	0	0	0	
Second Quarter	28,280	16,816	11,464	0	0	0	0	0	0	
4. Third Quarter	27,497	16,216	11,281							
5. Current Year	0									
6. Current Year Member Months	257, 160	153,986	103, 174							
Total Member Ambulatory Encounters for Period:										
7 Physician	85,857	52,028	33,829							
8. Non-Physician	43,094	25,378	17,716							
9. Total	128,951	77,406	51,545	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	3,940	2,566	1,374							
11. Number of Inpatient Admissions	806	508	298							
12. Health Premiums Written (a)	150,044,516	100,895,189	49,149,327							
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	150,044,516	100,895,189	49,149,327							
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	121,504,418	82,949,382	38,555,036							
18. Amount Incurred for Provision of Health Care Services	117,192,091	79,759,278	37,432,813							

⁽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)

Aging Analys	is of Unpaid Claims					
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)		•	•	•	-	
Mass General Hospital	531,691					531,691
Maine Medical Center	441,670	304				441,974
Central Maine Medical Center		5,691	98,445			437,404
0199999. Individually listed claims unpaid	1,306,629	5,995	98,445	0	0	1,411,069
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered	2,324,497	749,340	94,921	84,186	,	3,770,269
0499999 Subtotals	3,631,126	755,335	193,366	84,186	517,325	5,181,338
0599999 Unreported claims and other claim reserves						14,930,885
0699999 Total amounts withheld						
0799999 Total claims unpaid						20,112,223
0899999 Accrued medical incentive pool and bonus amounts						330,000

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE								
	Claims		Liab		5	6		
	Year to		End of Curre	ent Quarter				
	1	2	3	4		Estimated Claim		
	0-		0-			Reserve and		
	On Claims Incurred Prior	On	On Claims Unpaid	On	Claims Incurred in	Claim Liability		
		Claims Incurred	Dec. 31	Claims Incurred	Prior Years	December 31 of		
Line of Business	to January 1 of Current Year	During the Year	of Prior Year	During the Year	(Columns 1 + 3)	Prior Year		
Line of business	Culterit Teal	During the real	OI FIIOI 1 Cai	During the Teal	(Columns 1 · 3)	FIIOI I Cai		
Comprehensive (hospital and medical)	19,041,264	87,090,579	5,861,618	14,250,605	24,902,882	23,096,128		
Medicare Supplement					٥	٨		
2. Medicare Supplement						0		
3. Dental Only					0	0		
4. Vision Only					0	٥		
4. Vision Only					U			
Federal Employees Health Benefits Plan					0	0		
					0	^		
6. Title XVIII - Medicare					U	0		
7 Title XIX - Medicaid					0	0		
					0	^		
8. Other health					0	0		
9. Health subtotal (Lines 1 to 8)	19.041.264	87.090.579	5.861.618	14.250.605	24.902.882	23,096,128		
(, ,	, , , , ,	, ,	, , ,	, , ,	, ,		
10. Healthcare receivables (a)		2,849,081			0	0		
11. Other non-health					0	0		
53.6.1.5.1.5.1.5.1.5.1.5.1.5.1.5.1.5.1.5.1								
12. Medical incentive pools and bonus amounts	141,192			330,000	141,192	141, 192		
13. Totals (Lines 9-10+11+12)	19,182,456	84,241,498	5.861.618	14,580,605	25,044,074	23,237,320		
10. 10tais (Lines 3-10+11+12)	13, 102, 430	5-7,2-71,750	3,001,010	17,000,000	20,077,077	20,201,020		

⁽a) Excludes \$4,287,238 loans or advances to providers not yet expensed.

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:

			F/S	F/S	September 30,	December 31,
		SSAP #	Page	Line	2020	2019
NET INCOME						
(1)	Company state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$50,700,745	\$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)				\$50,700,745	\$25,186,844
<u>SURPLUS</u>						
(5)	Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$130,386,905	\$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)				\$130,386,905	\$84,188,921
	<u> </u>					

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.

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 owns 100% of Community Options LLC.
- 8) The Company has no investments in joint ventures, partnerships or limited liability companies other than Community Options LLC.
- 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 nine months ended September 30, 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.

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 September 30, 2020.

B. Debt Restructuring

The Company did not have invested assets that were restructured debt at September 30, 2020.

C. Reverse Mortgages

The Company did not have investments in reverse mortgages at September 30, 2020.

D. Loan-Backed Securities

The Company did not have investments in loan-backed securities at September 30, 2020.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

- (1) There were no significant changes for the nine months ended September 30, 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 September 30, 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 September 30, 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 September 30, 2020.

H. Repurchase Agreements Transactions Accounted for as a Sale

The Company did not enter into repurchase agreements accounted for as a sale at September 30, 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 September 30, 2020.

J. Real Estate

The Company did not have investments in real estate at September 30, 2020.

K. Low-Income Housing Tax Credits (LIHTC)

The Company did not invest in properties generating low-income housing tax credits during the nine months ended September 30, 2020.

L. Restricted Assets

There were no significant changes for the nine months ended September 30, 2020.

M. Working Capital Finance Investments

The Company did not have any working capital finance investments at September 30, 2020.

N. Offsetting and Netting of Assets and Liabilities

The Company did not have any offsetting and netting of financial assets or liabilities at September 30, 2020.

O. Structured Notes

The Company did not have any structured notes at September 30, 2020.

P. 5GI Securities

The Company did not have any 5GI securities at September 30, 2020.

Q. Short Sales

The Company did not have any short sales at September 30, 2020.

R. Prepayment Penalty and Acceleration Fees

The Company did not have any prepayment penalty or acceleration fees at September 30, 2020.

6. Joint Ventures, Partnerships and Limited Liability Companies

The Company formed Community Options, LLC, which was granted a producer agency license effective October 6, 2020.

7. Investment Income

There were no significant changes for the nine months ended September 30, 2020.

8. Derivative Instruments

There were no significant changes for the nine months ended September 30, 2020.

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

The Company owns 100% of Community Options, LLC. There were no other significant changes for the nine months ended September 30, 2020.

11. Debt

A. Debt, including Capital Notes

At September 30, 2020 and December 31, 2019, the Company had outstanding a note payable, with a face value and a carry value of \$203,595 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 September 30, 2020 and December 31, 2019, the Company paid interest of \$10,507 and \$17,641 on this note.

At September 30, 2020 and December 31, 2019, the Company had outstanding a note payable, with a face value and a carry value of \$153,283 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 September 30, 2020 and December 31, 2019, the Company paid interest of \$7,910 and \$13,281 on this note.

B. FHLB (Federal Home Loan Bank) Agreements

The Company had no FHLB Agreements at September 30, 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.

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 September 30, 2020 was \$284,785.

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 September 30, 2020 and December 31, 2019, respectively. As of September 30, 2020 and December 31, 2019 the fair market value of the funds is \$198,908 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 September 30, 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 September 30, 2020, the Company fully expensed the estimated 2020 insurer fee.

(10) - (13)

No significant change.

14. Liabilities, Contingencies and Assessments

There were no significant changes for the nine months ended September 30, 2020.

15. Leases

There were no significant changes for the nine months ended September 30, 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 September 30, 2020.

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

A. Transfers of Receivables Reported as Sales

Not applicable at September 30, 2020.

B. Transfer and Servicing of Financial Assets

- (1) There were no significant changes for the nine months ended September 30, 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 September 30, 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.

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 September 30, 2020.

B. Fair Value Measurements Under Other Accounting Pronouncements

The Company had no material assets or liabilities measured and reported at fair value at September 30, 2020.

C. Financial Instruments

The carrying values and estimated fair values of the Company's financial instruments at September 30, 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	\$52,485,568	\$50,468,231	\$	\$52,485,568	\$	\$	\$
Cash Equivalents	\$96,092,680	\$96,092,680	\$96,092,680	\$	\$	\$	\$

D. Not Practicable to Estimate Fair Value

There are no financial instruments that were not practicable to estimate at fair value at September 30, 2020.

E. Investment Measured Using the NAV Practical Expedient

The Company had no investments using the NAV practical expedient at September 30, 2020.

21. Other Items

No significant change.

22. Events Subsequent

Subsequent events have been considered through November 13, 2020 for the statutory statements issued on November 16, 2020. There were no additional events occurring subsequent to September 30, 2020 requiring disclosure.

23. Reinsurance

There were no significant changes for the nine months ended September 30, 2020.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

- A. Not applicable at September 30, 2020.
- **B.** Not applicable at September 30, 2020.
- **C.** Not applicable at September 30, 2020.
- **D.** There were no significant changes for the nine months ended September 30, 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

	AMOUNT
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	35,510
3. Premium adjustments payable due to ACA Risk Adjustment	7,791,670
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected)	
ACA Risk Adjustment	(7,791,670)
Reported in expenses as ACA risk adjustment user fees (incurred/paid)	32,497
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 p	remium . 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 expe	cted
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 pri			1				1			1		
		During the	Received or									
	Prior Year	on Business	the Curren	t Year on						Unsettled Ba	alances as of	
	Wri	tten	Busir	iess	Differe	ences	Adju	stments		the Reporting Date		
	Before De	c. 31 of the	Written Be	fore Dec.		Prior Year				Cumulative	Cumulative	
	Prior	Year	31 of the Prior Year		Prior Year	Accrued				Balance	Balance	
					Accrued Less	Less	To Prior	To Prior		from Prior	from Prior	
					Payments	Payments	Year	Year		Years (Col 1	Years (Col 2	
					(Col 1 - 3)	(Col 2 - 4)	Balances	Balances		- 3 + 7)	- 4 + 8)	
	1	2	3	4	5	6	7	8		9	10	
į	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)	
a. Permanent ACA Risk		, ,									` , , ,	
Adjustment Program												
Premium adjustments												
receivable	0	_	759	٥	(759)	_	205,037	0	۸	204,278	0	
	0		739	0	(739)		203,037	0	A	204,278		
2. Premium adjustments			_		_		_		_	_		
(payable)	0	36,400,000	0	8,191,423	0	.28,208,577	0	.1,807,806	В	0	.30,016,383	
3. Subtotal ACA Permanent												
Risk Adjustment Program	0	36,400,000	759	8,191,423	(759)	.28,208,577	205,037	.1,807,806		204,278	.30,016,383	
b. Transitional ACA Reinsurance												
Program												
1. Amounts recoverable for												
claims paid	0	0	0	0	0	o	o	0	С		0	
2. Amounts recoverable for									Ŭ			
claims unpaid (contra												
liability)	0	0	0	0	0	0	0	0	D		0	
"		0	0	0	0		0	0	U	0		
3. Amounts receivable relating												
to uninsured plans	0	0	0	0	0	0	0	0	Ε	0	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	0	
5. Ceded reinsurance												
premiums payable	0			0	0	0	0	0	G	٥ ا	0	
									Ŭ			
6. Liability for amounts held	0				0							
under uninsured plans	0	0	0	0	0	0	0	0	Н	0	0	
7. Subtotal ACA Transitional												
Reinsurance Program	0	0	0	0	0	0	0	0		0	0	
c. Temporary ACA Risk Corridors												
Program												
1. Accrued retrospective												
premium	201,241	0	.58,939,101	0	(58,737,860)	0	58,737,860	0	ı	0	0	
2. Reserve for rate credits or					,							
policy experience rating												
refunds	0	0	n	n	0	_	0	0	1	0		
	0			0	0		0		J			
3. Subtotal ACA Risk Corridors	204 2	_	50 000 45:	_	/FO 707 065'		50 707 066	_		_		
Program	201,241	0	.58,939,101	0	(58,737,860)	0	58,737,860	0		0	0	
d. Total for ACA Risk Sharing												
Provisions	201,241	.36,400,000	.58,939,860	8,191,423	(57,738,619)	.28,208,577	58,942,897	.1,807,806		204,278	.30,016,383	

Explanation of Adjustments

- A Adjustment was 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 2019 Benefit Year"
- B Adjustment was 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 2019 Benefit Year"
- C Not Applicable
- D Not Applicable
- E Not Applicable
- F Not ApplicableG Not Applicable
- H Not Applicable
- I Adjustment was made to reflect the settlement of the Risk Corridor Program for 2015 and 2016 program years
- J Not Applicable

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

Risk Corridors Program Year	Accrued D	Ouring the	Received or	Paid as of							
	Prior Year o	on Business	the Current	Year on						Unsettled Ba	lances as of
	Writ	tten	Busine	ess	Differ	ences	Adjus	tments		the Repor	ting Date
	Before Dec	. 31 of the	Written Befo	re Dec. 31	Prior Year	Prior Year					Cumulative
	Prior	Year	of the Pric	or Year	Accrued	Accrued				Cumulative	Balance
					Less	Less	To Prior	To Prior		Balance from	from Prior
					Payments	Payments	Year	Year		Prior Years	Years (Col 2
					(Col 1 - 3)	(Col 2 - 4)	Balances	Balances		(Col 1 - 3 + 7)	- 4 + 8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. 2014											
Accrued retrospective premium	201,241	0	201,241	0	0	0	0	0	Α	0	0
Reserve for rate credits or policy experience rating refunds	0	0	0	0	0	0	0	0	В	0	0
Accrued retrospective premium	0	0	.22,739,205	0	0	0	.22,739,205	0	С	0	0
Reserve for rate credits or policy experience rating refunds	0	0	0	0	0	0	0	0	D	0	0
1. Accrued retrospective premium	0	0	.35,998,655	0	0	0	.35,998,655	0	Е	0	0
Reserve for rate credits or policy experience rating refunds		•	0 .58,939,101				0 .58,737,860				0 0

Explanation of Adjustments

- A Not Applicable
- **B** Not Applicable
- C Adjustment was made to reflect the settlement of the Risk Corridor Program for 2015 program year
- D Not Applicable
- E Adjustment was made to reflect the settlement of the Risk Corridor Program for 2016 program year
- F Not Applicable

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

(5) ACA Risk Corridors Receivable as of Reporting Date

	1	2	3	4	5	6
	Estimated	Non-Accrued		Asset Balance	Non-admitted	Net Admitted
Risk Corridors	Amount to be	Amounts for	Amounts received	(Gross of Non-		Asset
Program Year	Filed or Final	Impairment or	from CMS	admissions)		(4-5)
	Amount Filed	Other Reasons		(1-2-3)		
	with CMS					
a. 2014	241,717	0	241,717	0	0	0
b. 2015	22,739,205	0	22,739,205	0	0	0
c. 2016	35,998,655	0	35,998,655	0	0	0
d. Total (a+b+c)	58,979,577	0	58,979,577	0	0	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 the Company 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). On September 25, 2020, the Company received \$58,939,101 from the United States as payment for the 2014-2016 risk corridor amounts.

25. Change in Incurred Claims and Claim Adjustment Expenses

A. Reserves as of September 30, 2020 were \$21,850,079. As of September 30, 2020, \$20,935,330 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$6,271,932 as a result of re-estimation of unpaid

claims and claim adjustments expenses principally on the comprehensive line of business. Therefore, there has been a \$2,217,067 unfavorable prior year development since December 31, 2019 to September 30, 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 nine months ended September 30, 2020.

27. Structured Settlements

There were no significant changes for the nine months ended September 30, 2020.

28. Health Care Receivables

There were no significant changes for the nine months ended September 30, 2020.

29. Participating Policies

There were no significant changes for the nine months ended September 30, 2020.

30. Premium Deficiency Reserves

The Company recorded premium deficiency reserves at September 30, 2020 and December 31, 2019 of \$12,488,663 and \$22,100,000, respectively.

Liability carried for premium deficiency reserves
 Date of the most recent evaluation of this liability
 Was anticipated investment income utilized in the calculation?
 Yes X No

31. Anticipated Salvage and Subrogation

There were no significant changes for the nine months ended September 30, 2020.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	Did the reporting entity experience any material transactions requirin 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 reporting entity?	charter, by-laws, articles of incorporation	on, or deed of settlement	of the	Yes []	No [X]	
2.2	If yes, date of change:			<u>-</u>			
3.1	Is the reporting entity a member of an Insurance Holding Company S is an insurer? If yes, complete Schedule Y, Parts 1 and 1A.				Yes [X]	No []	
3.2	Have there been any substantial changes in the organizational chart	t since the prior quarter end?			Yes [X]	No []	
3.3	If the response to 3.2 is yes, provide a brief description of those char. The Company formed Community Options, LLC.	inges.					
3.4	Is the reporting entity publicly traded or a member of a publicly trade	ed group?			Yes []	No [X]	
3.5	If the response to 3.4 is yes, provide the CIK (Central Index Key) \cos	de issued by the SEC for the entity/grou	up	<u> </u>			
4.1	Has the reporting entity been a party to a merger or consolidation du If yes, complete and file the merger history data file with the NAIC.	uring the period covered by this statement	ent?		Yes []	No [X]	
4.2	If yes, provide the name of the entity, NAIC Company Code, and staceased to exist as a result of the merger or consolidation.	ate of domicile (use two letter state abbr	reviation) for any entity th	at has			
	1 Name of Entity	2 NAIC Company Cod	3 State of Domicile				
	. Tamo o znay	Thing dompany doa					
5.	If the reporting entity is subject to a management agreement, includi in-fact, or similar agreement, have there been any significant change If yes, attach an explanation.	ing third-party administrator(s), managing se regarding the terms of the agreement	ng general agent(s), atto nt or principals involved?	rney- Yes [] No [>	() N/A [
6.1	State as of what date the latest financial examination of the reporting	g entity was made or is being made		<u> </u>	12/3	1/2017	
6.2	State the as of date that the latest financial examination report beca date should be the date of the examined balance sheet and not the				12/31/2017		
6.3	State as of what date the latest financial examination report became the reporting entity. This is the release date or completion date of the date).	ne examination report and not the date of	of the examination (balan	ce sheet	10/04	1/2019	
6.4	By what department or departments?						
6.5	Maine Bureau of Insurance Have all financial statement adjustments within the latest financial estatement filed with Departments?			Yes [] No [] N/A [X	
6.6	Have all of the recommendations within the latest financial examinat	tion report been complied with?		Yes [] No [] N/A [X	
7.1	Has this reporting entity had any Certificates of Authority, licenses of 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	y the Federal Reserve Board?			Yes []	No [X]	
8.2	If response to 8.1 is yes, please identify the name of the bank holding	ng company.					
8.3	Is the company affiliated with one or more banks, thrifts or securities	s firms?			Yes []	No [X]	
		ion (site and state of the main office) of	any affiliates regulated b	v a federal			
8.4	If response to 8.3 is yes, please provide below the names and locati regulatory services agency [i.e. the Federal Reserve Board (FRB), the Insurance Corporation (FDIC) and the Securities Exchange Commission (FDIC) and the Securities (FDIC) and the Securi	he Office of the Comptroller of the Curr	ency (OCC), the Federal				
	regulatory services agency [i.e. the Federal Reserve Board (FRB), the	he Office of the Comptroller of the Curr	ency (OCC), the Federal orimary federal regulator.		6 SEC		

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?		Yes [X] No []
	(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.		
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 9.31	Have any provisions of the code of ethics been waived for any of the specified officers? If the response to 9.3 is Yes, provide the nature of any waiver(s).		Yes [] No [X]
	FINANCIAL		
10.1 10.2	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?		
	INVESTMENT		
11 1	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made availab	lo for	
11.1	use by another person? (Exclude securities under securities lending agreements.)		Yes [] No [X]
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 14.2	Does the reporting entity have any investments in parent, subsidiaries and affiliates? If yes, please complete the following:		
	1 Prior Year-End		2 Current Quarter
	Book/Adjusted		Book/Adjusted
14 21	Bonds Carrying Value		Carrying Value
	Preferred Stock \$		\$
14.23	Common Stock \$	0	\$
14.24	Short-Term Investments \$	0	\$
	Mortgage Loans on Real Estate\$		\$
	All Other\$		\$
	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)		\$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 no, attach a description with this statement.	[
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.		
	16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2		
	16.3 Total payable for securities lending reported on the liability page.		\$0

GENERAL INTERROGATORIES

		dial or Safekeeping Agreements of the NAIC Financia	al Condition E	Examiners Hand	on Examiners H	e the following:		[X]	
	1 Name of Custo	odian(s)		(2 Custodian Addr	ess			
				an Road, Brookl	yn, OH 44144-2	302			
For all agreements to location and a comp		ith the requirements of the NAIC F	Financial Con	dition Examiner	rs Handbook, p	rovide the name,			
1 Name		2 Location(s)		C	3 Complete Expla	nation(s)			
Have there been any If yes, give full inform		name changes, in the custodian(so:	s) identified in	n 17.1 during the	e current quarte	er?	Yes	[]	No [X
1 Old Cus		2 New Custodian	Date	3 e of Change		4 Reason			
make investment de	cisions on behalf of	vestment advisors, investment mather reporting entity. For assets the ment accounts"; "handle securi	at are manage	ed internally by	iding individual employees of tl	s that have the authority to ne reporting entity, note as			
· ·	Name of Firm	or Individual	Affilia U	ation					
17.5097 For those fi	rms/individuals listed	d in the table for Question 17.5, do	o any firms/ind	dividuals unaffili			Yes	[X]	No [
17.5098 For firms/in- total assets	dividuals unaffiliated under management	with the reporting entity (i.e. designated aggregate to more than 50% of t	ignated with a the reporting e	"U") listed in the	e table for Que assets?	stion 17.5, does the	Yes	[X]	No [
For those firms or intable below.	dividuals listed in the	e table for 17.5 with an affiliation o	code of "A" (at	ffiliated) or "U" (unaffiliated), pr	ovide the information for th	ie		
1 Central Registration		2			3	4		Inves Mana Agre	5 stment gement ement
Depository Number		Name of Firm or Individual			dentifier (LEI)	Registered With Office of the Comptrolle	er of) Filed
						the Currency		JS	
Have all the filing red If no, list exceptions:		irposes and Procedures Manual o	of the NAIC In	vestment Analy	sis Office been	followed?	Yes	[X]	No [
		porting entity is certifying the follo nit a full credit analysis of the secu							
security is no b. Issuer or oblig c. The insurer h	t available. gor is current on all c as an actual expecta	contracted interest and principal pation of ultimate payment of all cor SGI securities?	payments. ntracted intere	est and principa	I.		Yes	[]	No [
security is no b. Issuer or oblig c. The insurer h Has the reporting en By self-designating F a. The security w b. The reporting c. The NAIC Des on a current pr d. The reporting	t available. gor is current on all cas an actual expecte tity self-designated self-designated self-designated self-designated self-designation was derived in the self-designation was derived the self-designation was derived to the self-designation was derived in the self-designation was derived the self-designation was derived in the self-designation	tion of ultimate payment of all cor 5GI securities?	payments. Intracted interesting interesting in the payments. Designation replay an NAIC Clarexamination PL security was not as the payments.	est and principa nts of each self- eported for the RP in its legal c by state insurar ith the SVO.	Idesignated PL security. apacity as a NF nce regulators.	GI security: RSRO which is shown			
security is no b. Issuer or oblig c. The insurer h Has the reporting en By self-designating F a. The security w b. The reporting c. The NAIC Des on a current p d. The reporting Has the reporting en	t available. gor is current on all cas an actual expectatity self-designated selection and process are selected from the proc	ation of ultimate payment of all cor 5GI securities?	payments. Illowing eleme Designation response an NAIC CI rexamination PL security was	est and principa nts of each self- eported for the RP in its legal c by state insurar with the SVO.	designated PL security. apacity as a NF nce regulators.	GI security:			No []
security is no b. Issuer or oblig c. The insurer has the reporting en By self-designating F a. The security w b. The reporting c. The NAIC Deson a current produced to the reporting en By assigning FE to a FE fund: a. The shares we b. The reporting c. The security has January 1, 20°	t available. gor is current on all cas an actual expectatity self-designated separated separate	tion of ultimate payment of all cor 5GI securities?	payments. ntracted interest llowing eleme Designation recognition of the payments of the pa	est and principa must of each self- eported for the RP in its legal c by state insurar with the SVO. ertifying the follo eported for the	Idesignated PL security. apacity as a NF nce regulators. wing elements	GI security: RSRO which is shown of each self-designated			
security is no b. Issuer or oblig c. The insurer h. Has the reporting en By self-designating F a. The security w b. The reporting c. The NAIC Deson a current produced of the control of the security of the security of the security h. January 1, 20'd. The fund only e. The current rein its legal cap	t available. gor is current on all cas an actual expectatity self-designated the self-designated the self-designated the self-designation was deriver invate letter rating heartity is not permitte titly self-designated language and a public credit rating a popular and a public credit rating or predominantly hoported NAIC Designacity as an NRSRO	ation of ultimate payment of all cor 5GI securities?	payments. ntracted interest of the contracted interest of the contract of the	est and principa monts of each self- eported for the RP in its legal c by state insurar with the SVO. ertifying the follo eported for the NAIC CRP in it	I. designated PL security. apacity as a NF nce regulators. wing elements security. s legal capacity	GI security: RSRO which is shown of each self-designated as an NRSRO prior to			

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

	1.1 A&H loss percent		79.8 %
	1.2 A&H cost containment percent		4.6 %
	1.3 A&H expense percent excluding cost containment expenses		26.6 %
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 []

Showing All New Reinsurance Treaties - Current Year to Date 1 2 3 4 5 6 7 8 9 10												
NAIC Company Code Number		3 4	5	6 Type of		8	9 Certified Reinsurer	10 Effective Date of Certified				
		Effective Date Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Ceded	Type of Business Ceded	Type of Reinsurer	Rating (1 through 6)	Reinsurer				
								 				
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SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories Direct Business Only Federal Employees Life and Health Annuity Premiums & Other Property/ Casualty Active Accident and **Benefits** Total Status Health Columns 2 Medicaid Program Deposit-Type Premiums States, etc (a) Title XVIII Title XIX Premiums Consideration Premiums Through 7 Contracts 1. Alabama ALN. Alaska 2. ΑK N 0 3. Arizona ΑZ N. .0 4. Arkansas AR N 0 California 5. CA N 0 6. Colorado 0 CO N 7. Connecticut CT N 0 8. Delaware 0 DE N. District of Columbia . DC 9. N 0 10. Florida . 0 FL N. Georgia 11. GΑ N 0 12. Hawaii .. ΗΙ Ν. .0 13. Idaho .. ID N 0 Illinois 14. Ш N 0 15. Indiana . IN N 0 16. 0 lowa .. IΑ N 17. Kansas KS N. 0 Kentucky. 18. ΚY N 0 Louisiana 19. LA .N. 0 150.044.516 150.044.516 20. Maine . MF L 21. Maryland . MD N. .0 22. Massachusetts ... MA N 0 23. Michigan. MI N 0 24. Minnesota 0 MN N Mississippi 25. MS N 0 26. Missouri . 0 MO N. 27. Montana MT N 0 28. Nebraska . 0 NE .N. 29. Nevada .. NV N 0 30. New Hampshire NH 1 0 31. New Jersey NJ N 0 32. New Mexico 0 NM N 33. New York .. NY N. 0 North Carolina ... 34. NC N 0 35. North Dakota ND N. 0 36. Ohio. OH N 0 Oklahoma 37. OK .N. .0 38. Oregon .. OR N 0 39. Pennsylvania .. PA N 0 Rhode Island 40. 0 RI N South Carolina 41. SC N 0 South Dakota .. 42. 0 SD N. Tennessee 43. TN N 0 44. Texas 0 TX .N. 45. Utah ... UT N 0 46. Vermont. VT Ν. .0 47. Virginia .. VA N 0 48. Washington. WA N 0 West Virginia .. 49. . WV N 0 Wisconsin 50. WI N 0 51. Wyoming. WY N. 0 American Samoa AS 52. N 0 53. Guam .. GU N. .0 Puerto Rico .. 54. PR N 0 U.S. Virgin Islands ... VI 55. N 0 Northern Mariana 56. N 0 Islands MP 57. Canada CAN N 0 Aggregate Other Aliens 58. 0 0 0 0 0 OT XXX 0 0 150.044.516 59. 150.044.516 Subtotal XXX 0 0 0 0 0 0 Reporting Entity 60. Contributions for Employee Benefit Plans XXX 61. Totals (Direct Business) 150,044,516 0 0 0 0 150,044,516 0 XXX **DETAILS OF WRITE-INS** 58001. XXX 58002. XXX 58003 58998. Summary of remaining write-ins for Line 58 from ..0 overflow page XXX ..0 ..0 ..0 .0 .0 .0 .0 Totals (Lines 58001 through 58003 plus 58998)(Line 58 58999 above)
(a) Active Status Counts 0 0 0 0 0 0 0 0 XXX

L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG2	R - Registered - Non-domiciled RRGs0
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state0	Q - Qualified - Qualified or accredited reinsurer0
N - None of the above - Not allowed to write business in the state55	

Maine Community Health Options FEIN: 45-3416923

NAIC: 15077

Community Health Options LLC FEIN: 30-1244131

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STATEMENT AS OF SEPTEMBER 30, 2020 OF THE Maine Community Health Options

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Туре	If			
											of Control	Control			
											(Ownership,	is		Is an	
						Name of Securities			Relation-		(Ownership,			SCA] !
								D:			Board,	Owner-] ,
						Exchange		Domi-			Management,	ship		Filing] !
_		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-] ,
Group Code		Company	ID	Federal		(U.Š. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by (Name of Entity/Person)	Influence,	Percen-	Ultimate Controlling Entity(ies)/Person(s)	quired? (Y/N)] ,
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Y/N)	*
	Community Options LLC		30-1244131				Maine Community Health Options	ME	DS	Maine Community Health Options	Ownership	100.000	Maine Community Health Options	N	
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									1						

Asterisk	Explanation

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 NA	NIC with this statement?	NO
	Explanation:		
1.			
1.	Bar Code: Medicare Part D Coverage Supplement [Document Identifier 365]		



OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

Addition	ial Write-ins for Assets Line 25				
			1	4	
		1	2	3	
				Net Admitted Assets	Prior Year Net
		Assets	Nonadmitted Assets	(Cols. 1 - 2)	Admitted Assets
2504.	Security Deposits	12,803	12,803	0	0
2597.	Summary of remaining write-ins for Line 25 from overflow page	12,803	12,803	0	0

SCHEDULE A - VERIFICATION

Real Estate

		1	2
			Prior Year Ended
		Year to Date	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 rying		
7.	Deduct current year's other than temporary impailment reducitied		
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

	Mortgage Loans	1	2
			Prior Year Ended
		Year to Date	December 31
			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 in lest parallel amitme lesses		
9.	Total foreign exchange change in book value/recorded investment except accrued laterest laterest later.		
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

	Other Long-Term Invested Assets		
	-	1	2
			Prior Year Ended
		Year to Date	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
			Prior Year Ended
		Year to Date	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	14,355,280	0
3.	Accrual of discount	153,895	248,619
4.	Unrealized valuation increase (decrease)		0
5.	Total gain (loss) on disposals	26,083	0
6.	Deduct consideration for bonds and stocks disposed of	15,401,352	13,000,000
7.	Deduct amortization of premium	50,303	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		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	50,468,231	51,384,628
12.	Deduct total nonadmitted amounts		0
13.	Statement value at end of current period (Line 11 minus Line 12)	50,468,231	51,384,628

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

	1	2	3	4	5	6	7	8
	Book/Adjusted		B: :::		Book/Adjusted	Book/Adjusted	Book/Adjusted	Book/Adjusted
	Carrying Value Beginning	Acquisitions During	Dispositions During	Non-Trading Activity During	Carrying Value End of	Carrying Value End of	Carrying Value End of	Carrying Value December 31
NAIC Designation	of Current Quarter	Current Quarter	Current Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year
BONDS								
BONDS								
1. NAIC 1 (a)		12,355,280	5,778,834	13,210	45,663,179	41,903,560	48,493,215	47,420,026
2. NAIC 2 (a)	1,973,966	0	0	1,050	1,972,941	1,973,966	1,975,017	3,964,602
3. NAIC 3 (a)	0				0	0	0	
4. NAIC 4 (a)	0				0	0	0	
5. NAIC 5 (a)	0				0	0	0	
6. NAIC 6 (a)	0				0	0	0	
7. Total Bonds	43,877,526	12,355,280	5,778,834	14,260	47,636,120	43,877,526	50,468,231	51,384,628
	, ,		, ,	,		, ,	, ,	
PRESERVED STOCK								
PREFERRED STOCK								
8. NAIC 1								
1	0				0	0	0	0
9. NAIC 2					0		0	0
9. NAIC 2	0				0	0	0	0
10. NAIC 3	0				0	0	0 0 0	0 0 0
10. NAIC 311. NAIC 4	0				0	0 0 0 0		0000
10. NAIC 3					0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
10. NAIC 3 11. NAIC 4 12. NAIC 5 13. NAIC 6					0 0 0			
10. NAIC 3		0 12.355.280	0 5,778.834	0 14.260	0 0 0			

a	Book/Ad	usted	Carrying	Value	e column	for the	end of	f the c	urrent	reporting	neri	od ind	dudes	the t	followin	a amour	t of sh	ort-terr	n and	cash 6	equivale	ent bond	ls by	/ NAI	C desi	anatio	วท

SCHEDULE DA - PART 1

Short-Term Investments

1 2 3 4 5
Paid for
Actual Cost Year-to-Date Year-to-Date

9199999 Totals

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 NONE

Schedule DB - Part B - Verification - Futures Contracts

NONE

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open **NONE**

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open **NONE**

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

NONE

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	(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	16,962,077	28,431,064
3.	Accrual of discount		0
4.	Unrealized valuation increase (decrease)		0
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	24,609,379	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)	96,092,680	103,739,982
11.	Deduct total nonadmitted amounts		0
12.	Statement value at end of current period (Line 10 minus Line 11)	96,092,680	103,739,982

Schedule A - Part 2 - Real Estate Acquired and Additions Made **NONE**

Schedule A - Part 3 - Real Estate Disposed **N O N E**

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made **NONE**

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

NONE

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made NONE

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid $\bf N$ $\bf O$ $\bf N$ $\bf E$

SCHEDULE D - PART 3

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

1	2	3	4	I s	6	7	Q	0	10
'	2	3	4	J	0	,	0	9	NAIC
									Designation
					Normala			Daid for Assessed	and
OLIOID			D. 1		Number of			Paid for Accrued	Admini-
CUSIP	5		Date		Shares of		5	Interest and	strative
Identification	Description	Foreign	Acquired	Name of Vendor	Stock	Actual Cost	Par Value	Dividends	Symbol
0.000	FANNIE MAE			Broker		2,000,000	2,000,000	0	1FE
	FREDDIE MAC		07/08/2020	Broker		2,000,000	2,000,000	U	IFE
United States						4,000,000	4,000,000	0	XXX
	otal - Bonds - U.S. Governments			T-		4,000,000	4,000,000	0	XXX
	MIZUHO Financial Group Inc	C		Broker		2,077,920	2,000,000		1FE
80283L-AY-9	Santander UK PLC	C	07/01/2020	Broker Broker		2,066,800	2,000,000	19,600	
	Westpac Banking Corp		2,099,120 2,111,440	2,000,000 2,000,000	19,755 7,028				
Other Countrie		U	08/26/2020	Broker		8,355,280	8.000.000	46.382	
						,,			
	otal - Bonds - Industrial and Miscellaneous (Unaffiliated)					8,355,280	8,000,000	46,382	
	- Bonds - Part 3					12,355,280	12,000,000	46,382	
	- Bonds - Part 5					XXX	XXX	XXX	XXX
8399999. Total	- Bonds					12,355,280	12,000,000	46,382	XXX
8999997. Total	- Preferred Stocks - Part 3					0	XXX	0	XXX
8999998. Total	- Preferred Stocks - Part 5					XXX	XXX	XXX	XXX
8999999. Total	- Preferred Stocks					0	XXX	0	XXX
9799997. Total	- Common Stocks - Part 3					0	XXX	0	XXX
9799998. Total	- Common Stocks - Part 5					XXX	XXX	XXX	XXX
9799999. Total	- Common Stocks					0	XXX	0	XXX
9899999. Total	- Preferred and Common Stocks	•	•			0	XXX	0	XXX
9999999 - Tota	uls					12,355,280	XXX	46,382	XXX

SCHEDULE D - PART 4

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

					00 / 20	9		on oola, moc	leerned or C												
1	2	3	4	5	6	7	8	9	10	Ch	ange In Bo	ok/Adjusted	Carrying Va	lue	16	17	18	19	20	21	22
										11	12	13	14	15							
													Total	Total							
												Current	Change in	Foreign					Bond		NAIC
												Year's	Book/	Exchange	Book/				Interest/		Desig-
									Prior Year		Current	Other Than	Adjusted	Change in	Adjusted	Foreign			Stock	Stated	nation
									Book/	Unrealized	Year's	Temporary	Carrying	Book	Carrying	Exchange	Realized		Dividends	Con-	and
CUSIP					Number of				Adjusted	Valuation	(Amor-	Impairment	Value	/Adjusted	Value at	Gain	Gain	Total Gain	Received	tractual	Admini-
Ident-		For-	Disposal	Name	Shares of	Consid-		Actual	Carrying	Increase/	tization)/	Recog-	(11 + 12 -	Carrying	Disposal	(Loss) on	(Loss) on	(Loss) on	During	Maturity	strative
ification	Description	eign		of Purchaser	Stock	eration	Par Value	Cost	Value	(Decrease)	Accretion		13)	Value	Date	Disposal	Disposal	Disposal	Year	Date	Symbol
88579Y-AQ-4			08/07/2020	Maturity		2,000,000	2,000,000	1,991,770	1,995,818	0	4, 182		4, 182	0	2,000,000	0	0	0	40,000	08/07/2020	. 1FE
	JPMORGAN CHASE & CO		08/17/2020	Broker		2,000,000	2,000,000	1,940,060	1,964,474	0	14,361	0	14,361	0	1,978,834	0	21,166	21, 166	45,900		. 1FE
	Wells Fargo & Co		07/22/2020	Maturity		1,800,000	1,800,000	1,808,542	1,799,592	0	408	0	408	0	1,800,000	0	0	0	46,800		1FE
United Star		4 11	(1.1	-11\		5,800,000	5,800,000	5,740,372	5,759,884	0	18,950	_	18,950	0	5,778,834	0	21,166	21,166	132,700	XXX	XXX
	Subtotal - Bonds - Industrial and M	liscellaned	ous (Unamilia	ated)		5,800,000	5,800,000	5,740,372	5,759,884	0	18,950		18,950	0	5,778,834	0	21,166	21, 166	132,700	XXX	XXX
	otal - Bonds - Part 4					5,800,000	5,800,000	5,740,372	5,759,884	0	18,950		18,950	0	5,778,834	0	21,166	21, 166	132,700	XXX	XXX
	otal - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal - Bonds					5,800,000	5,800,000	5,740,372	5,759,884	0	18,950	0	18,950	0	5,778,834	0	21,166	21, 166	132,700	XXX	XXX
	otal - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
	otal - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
	otal - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799998.	otal - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999.	otal - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9899999.	otal - Preferred and Common Sto	ocks	-			0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
													ļ			ļ		ļ		ļ	-
																					-
9999999 -	Totals					5,800,000	XXX	5,740,372	5,759,884	0	18,950	0	18,950	0	5,778,834	0	21,166	21, 166	132,700	XXX	XXX

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open NONE

Schedule DB - Part B - Section 1 - Futures Contracts Open NONE

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made **NONE**

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 **NONE**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To NONE

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees **NONE**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned NONE

Schedule DL - Part 2 - Reinvested Collateral Assets Owned NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			
			Amount of Interest Received	Amount of Interest Accrued	6	7	8	
		Rate of	During Current	at Current				
Depository	Code	Interest		Statement Date	First Month	Second Month	Third Month	*
Key Bank, N.A. Portland, ME					(464, 188)	(468,992)	(9,645,549)	XXX
Key Bank, N.A. Portland, ME	RA				26,542,500	18,305,000	71,620,000	XXX
0199998. Deposits in depositories that do not exceed the allowable limit in any one depository (See	V/V/	V///						VVV
instructions) - Open Depositories	XXX	XXX	0	0	26 070 212	17.836.008	61.974.451	XXX
0199999. Totals - Open Depositories 0299998. Deposits in depositories that do not	XXX	XXX	U	U	26,078,312	17,830,008	01,974,431	XXX
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	26,078,312	17,836,008	61,974,451	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
	· · · · · · · · · · · · · · · · · · ·							
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	· · · · · · · · · · · · · · · · · · ·							
0599999. Total - Cash	XXX	XXX	0	0	26,078,312	17,836,008	61,974,451	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7 Book/Adjusted	8 Amount of Interest	9 Amount Received
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Carrying Value	Due and Accrued	During Year
0599999. Total - U.S. Government Bonds						0	0	0
1099999. Total - All Other Government Bonds						0	0	0
1799999. Total - U.S. States, Territories and Possessions Bonds						0	0	0
2499999. Total - U.S. Political Subdivisions Bonds						0	0	0
3199999. Total - U.S. Special Revenues Bonds						0	0	0
3899999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds						0	0	0
4899999. Total - Hybrid Securities						0	0	0
5599999. Total - Parent, Subsidiaries and Affiliates Bonds						0	0	0
6099999. Subtotal - SVO Identified Funds						0	0	0
6599999. Subtotal - Unaffiliated Bank Loans						0	0	0
7699999. Total - Issuer Obligations						0	0	0
7799999. Total - Residential Mortgage-Backed Securities						0	0	0
7899999. Total - Commercial Mortgage-Backed Securities						0	0	0
7999999. Total - Other Loan-Backed and Structured Securities						0	0	0
8099999. Total - SVO Identified Funds						0	0	0
8199999. Total - Affiliated Bank Loans						0	0	0
8299999. Total - Unaffiliated Bank Loans						0	0	0
8399999. Total Bonds						0	0	0
60934N-20-3 FEDERATED PRIME OBLIGATION CLASS IS		0	10/31/2017	0.001		95,982,568	0	516, 174
31846V-54-2 First Am Treas OB FD CL Z		. SD	10/31/2017	0.000		110,112	0	283
8699999. Subtotal - All Other Money Market Mutual Funds						96,092,680	0	516,457
					••••••••••••••••••			
		-						
					·			
8899999 - Total Cash Equivalents						96,092,680		516,457