



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2021  
OF THE CONDITION AND AFFAIRS OF THE  
**Anthem Health Plans of Maine, Inc.**

NAIC Group Code 0671 0671 NAIC Company Code 52618 Employer's ID Number 31-1705652  
(Current) (Prior)

Organized under the Laws of Maine, State of Domicile or Port of Entry ME

Country of Domicile United States of America

Licensed as business type: Other

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

Incorporated/Organized 03/10/2000 Commenced Business 06/05/2000

Statutory Home Office 2 Gannett Drive South Portland, ME, US 04106-6911  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 2 Gannett Drive South Portland, ME, US 04106-6911  
(Street and Number) (City or Town, State, Country and Zip Code)

866-583-6182  
(Area Code) (Telephone Number)

Mail Address 2 Gannett Drive South Portland, ME, US 04106-6911  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 220 Virginia Avenue Indianapolis, IN, US 46204  
(Street and Number) (City or Town, State, Country and Zip Code)

317-488-6000  
(Area Code) (Telephone Number)

Internet Website Address www.anthem.com

Statutory Statement Contact Leigh Barrett 317-488-6816  
(Name) (Area Code) (Telephone Number)

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(E-mail Address) (FAX Number)

### OFFICERS

President and Chairperson Denise Finn McDonough Treasurer Vincent Edward Scher  
 Secretary Kathleen Susan Kiefer Assistant Treasurer Eric Kenneth Noble

### OTHER

Laura Sanborn, Assistant Secretary

### DIRECTORS OR TRUSTEES

<u>Denise Finn McDonough</u>	<u>Laurie Helm Benintendi</u>	<u>Kathleen Susan Kiefer</u>
<u>Ronald William Penczek</u>	<u>Vincent Edward Scher</u>	<u>John Edward Gallina</u>
<u>Heather Chockley Steinmeyer</u>		

State of Indiana SS  
 County of Johnson

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.

DocuSigned by:  
  
 Denise Finn McDonough  
 President

DocuSigned by:  
  
 Kathleen Susan Kiefer  
 Secretary

DocuSigned by:  
  
 Vincent Edward Scher  
 Treasurer

Subscribed and sworn to before me this  
31st day of January 2022  
  
 Rita F. Gentry  
 Executive Assistant  
 1/17/2029

- 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.....

Rita F. Gentry  
 Notary Public  
 SEAL  
 Johnson County, State of Indiana  
 My Commission Expires January 17, 2029  
 Commission No: NP0641321

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Anthem Health Plans of Maine, Inc.

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	358,721,043		358,721,043	347,389,292
2. Stocks (Schedule D):				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ .....0 encumbrances) .....	34,075		34,075	34,075
4.2 Properties held for the production of income (less \$ .....0 encumbrances) .....			0	0
4.3 Properties held for sale (less \$ .....0 encumbrances) .....			0	0
5. Cash (\$ .....2,177,767 , Schedule E - Part 1), cash equivalents (\$ .....5,599,853 , Schedule E - Part 2) and short-term investments (\$ .....399,932 , Schedule DA) .....	8,177,552		8,177,552	(3,453,077)
6. Contract loans, (including \$ ..... premium notes) .....			0	0
7. Derivatives (Schedule DB) .....			0	0
8. Other invested assets (Schedule BA) .....			0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets (Schedule DL) .....	19,853,982		19,853,982	16,175,211
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	386,786,652	0	386,786,652	360,145,501
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	1,849,395		1,849,395	1,840,544
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	31,568,348	2,284,801	29,283,547	45,726,794
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$ .....40,559,092 earned but unbilled premiums) .....	40,559,092		40,559,092	23,435,020
15.3 Accrued retrospective premiums (\$ .....673,457 ) and contracts subject to redetermination (\$ .....1,180,514 ) .....	1,853,971		1,853,971	2,103,451
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	3,281,522		3,281,522	4,418,499
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 .....	107,596,060	23,847,553	83,748,507	75,889,356
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	355,139
18.2 Net deferred tax asset .....	8,527,817		8,527,817	0
19. Guaranty funds receivable or on deposit .....	120,194		120,194	153,623
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	186,025	186,025	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	54,436,870		54,436,870	0
24. Health care (\$ .....25,462,403 ) and other amounts receivable .....	40,494,232	15,031,829	25,462,403	39,201,719
25. Aggregate write-ins for other than invested assets .....	48,709,603	1,240,586	47,469,017	65,912,371
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	725,969,781	42,590,794	683,378,987	619,182,017
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	725,969,781	42,590,794	683,378,987	619,182,017
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) .....	0	0	0	0
2501. Federal Employee Program assets held by agent .....	45,655,126		45,655,126	62,873,170
2502. State income tax receivable .....	1,719,036		1,719,036	2,870,915
2503. Miscellaneous receivables .....	727,201	632,346	94,855	168,286
2598. Summary of remaining write-ins for Line 25 from overflow page .....	608,240	608,240	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	48,709,603	1,240,586	47,469,017	65,912,371

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 3,775,245 reinsurance ceded)	174,920,974	1,315,434	176,236,408	122,835,672
2. Accrued medical incentive pool and bonus amounts	1,867,540		1,867,540	2,626,512
3. Unpaid claims adjustment expenses	3,525,589		3,525,589	2,453,408
4. Aggregate health policy reserves, including the liability of \$ 11,611,133 for medical loss ratio rebate per the Public Health Service Act	134,764,755		134,764,755	177,367,049
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	65,415
8. Premiums received in advance	20,130,648		20,130,648	11,725,458
9. General expenses due or accrued	22,151,470		22,151,470	17,941,669
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))	4,577,293		4,577,293	0
10.2 Net deferred tax liability			0	188,801
11. Ceded reinsurance premiums payable	771,191		771,191	881,412
12. Amounts withheld or retained for the account of others	3,435,885		3,435,885	152,331
13. Remittances and items not allocated	22,755,894		22,755,894	22,248,769
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates			0	24,453,232
16. Derivatives			0	0
17. Payable for securities	3,699,932		3,699,932	499,955
18. Payable for securities lending	19,853,982		19,853,982	16,175,211
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ 0 unauthorized reinsurers and \$ 0 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	109,378,750		109,378,750	55,755,213
23. Aggregate write-ins for other liabilities (including \$ 2,617,509 current)	13,939,698	0	13,939,698	8,104,088
24. Total liabilities (Lines 1 to 23)	535,773,601	1,315,434	537,089,035	463,474,195
25. Aggregate write-ins for special surplus funds	XXX	XXX	7,192,533	8,481,368
26. Common capital stock	XXX	XXX	2,500,000	2,500,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	120,652,900	120,652,900
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	15,944,519	24,073,554
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	146,289,952	155,707,822
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	683,378,987	619,182,017
<b>DETAILS OF WRITE-INS</b>				
2301. Federal Employee Program special advance	7,504,060		7,504,060	2,411,248
2302. Escheat Liability	2,588,858		2,588,858	1,794,010
2303. Other premium liability	1,488,543		1,488,543	2,311,990
2398. Summary of remaining write-ins for Line 23 from overflow page	2,358,237	0	2,358,237	1,586,840
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	13,939,698	0	13,939,698	8,104,088
2501. Deferred gain on sale-leaseback transaction	XXX	XXX	7,192,533	8,481,368
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 thru 2503 plus 2598)(Line 25 above)	XXX	XXX	7,192,533	8,481,368
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 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

## STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	4,864,236	4,737,356
2. Net premium income ( including \$ ..... non-health premium income) .....	XXX	1,131,726,413	1,151,371,473
3. Change in unearned premium reserves and reserve for rate credits .....	XXX	34,698,998	(41,489,455)
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX	0	0
5. Risk revenue .....	XXX	0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	1,166,425,411	1,109,882,018
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....	28,396,779	704,282,699	596,447,607
10. Other professional services .....	6,015,068	76,311,876	75,364,228
11. Outside referrals .....		14,848,112	11,201,909
12. Emergency room and out-of-area .....	3,705,732	68,404,778	59,319,380
13. Prescription drugs .....	759,433	176,420,722	175,808,267
14. Aggregate write-ins for other hospital and medical .....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....		6,480,899	9,376,779
16. Subtotal (Lines 9 to 15) .....	38,877,012	1,046,749,086	927,518,170
<b>Less:</b>			
17. Net reinsurance recoveries .....		21,431,584	18,933,877
18. Total hospital and medical (Lines 16 minus 17) .....	38,877,012	1,025,317,502	908,584,293
19. Non-health claims (net) .....			
20. Claims adjustment expenses, including \$ .....18,169,757 cost containment expenses .....		35,679,930	38,964,007
21. General administrative expenses .....		68,667,646	103,632,394
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only) .....		0	0
23. Total underwriting deductions (Lines 18 through 22) .....	38,877,012	1,129,665,078	1,051,180,694
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	36,760,333	58,701,324
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....		7,846,459	7,887,482
26. Net realized capital gains (losses) less capital gains tax of \$ .....(59,529) .....		358,363	3,332,356
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	8,204,822	11,219,838
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ .....874,255 )] .....		(874,255)	(1,011,054)
29. Aggregate write-ins for other income or expenses .....	0	565,337	558,306
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	44,656,237	69,468,414
31. Federal and foreign income taxes incurred .....	XXX	15,431,114	14,377,533
32. Net income (loss) (Lines 30 minus 31) .....	XXX	29,225,123	55,090,881
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX		
0602. ....	XXX		
0603. ....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	XXX	0	0
0701. ....	XXX		
0702. ....	XXX		
0703. ....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above) .....	XXX	0	0
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above) .....	0	0	0
2901. Miscellaneous income .....		565,337	558,306
2902. ....			
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above) .....	0	565,337	558,306

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year	2 Prior Year
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year.....	155,707,822	178,725,531
34. Net income or (loss) from Line 32.....	29,225,123	55,090,881
35. Change in valuation basis of aggregate policy and claim reserves.....		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ ..... 55,568	209,039	(88,655)
37. Change in net unrealized foreign exchange capital gain or (loss).....		
38. Change in net deferred income tax.....	8,772,186	852,276
39. Change in nonadmitted assets.....	(11,335,383)	(5,683,376)
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	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.....	(35,000,000)	(71,900,000)
47. Aggregate write-ins for gains or (losses) in surplus.....	(1,288,835)	(1,288,835)
48. Net change in capital and surplus (Lines 34 to 47).....	(9,417,870)	(23,017,709)
49. Capital and surplus end of reporting period (Line 33 plus 48)	146,289,952	155,707,822
<b>DETAILS OF WRITE-INS</b>		
4701. Deferred gain on sale-leaseback transaction.....	(1,288,835)	(1,288,835)
4702. ....		
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	(1,288,835)	(1,288,835)

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Anthem Health Plans of Maine, Inc.

**CASH FLOW**

	1	2
	Current Year	Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	1,148,849,140	1,156,697,353
2. Net investment income .....	9,760,586	9,322,357
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	1,158,609,726	1,166,019,710
5. Benefit and loss related payments .....	971,604,176	881,498,651
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7. Commissions, expenses paid and aggregate write-ins for deductions .....	61,472,671	127,694,447
8. Dividends paid to policyholders .....		
9. Federal and foreign income taxes paid (recovered) net of \$ .....(59,529) tax on capital gains (losses) .....	10,439,152	16,897,442
10. Total (Lines 5 through 9) .....	1,043,515,999	1,026,090,540
11. Net cash from operations (Line 4 minus Line 10) .....	115,093,727	139,929,170
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	170,722,669	227,094,618
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	1,245	60,767
12.7 Miscellaneous proceeds .....	3,199,977	499,955
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	173,923,891	227,655,340
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	184,689,679	316,498,638
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 .....	3,678,771	12,092,191
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	188,368,450	328,590,829
14. Net increase (decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	(14,444,559)	(100,935,489)
<b>Cash from Financing and Miscellaneous Sources</b>		
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 .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	35,000,000	71,900,000
16.6 Other cash provided (applied) .....	(54,018,539)	25,278,594
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(89,018,539)	(46,621,406)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	11,630,629	(7,627,725)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	(3,453,077)	4,174,648
19.2 End of year (Line 18 plus Line 19.1) .....	8,177,552	(3,453,077)

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

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Anthem Health Plans of Maine, Inc.

**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	1,131,726,413	807,193,366	58,616,245	10,864,679	8,077,808	232,357,520	(35,691)		14,652,486	
2. Change in unearned premium reserves and reserve for rate credit	34,698,998	17,348,662	131,233	(1,308)	239	17,218,044	2,128			
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	1,166,425,411	824,542,028	58,747,478	10,863,371	8,078,047	249,575,564	(33,563)	0	14,652,486	0
8. Hospital/medical benefits	704,282,699	490,526,800	38,154,123	5,651	0	164,780,443	107,243		10,708,439	XXX
9. Other professional services	76,311,876	46,894,785	7,185,534	3,275,528	5,446,470	13,481,517	28,042			XXX
10. Outside referrals	14,848,112	10,269,161	32,919	4,326,530	219,502					XXX
11. Emergency room and out-of-area	68,404,778	67,271,696	1,112,744				20,338			XXX
12. Prescription drugs	176,420,722	124,119,891	(1,098,194)			53,370,003	29,022		0	XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	6,480,899	5,339,865				1,140,981	53			XXX
15. Subtotal (Lines 8 to 14)	1,046,749,086	744,422,198	45,387,126	7,607,709	5,665,972	232,772,944	184,698	0	10,708,439	XXX
16. Net reinsurance recoveries	21,431,584	21,421,975							9,609	XXX
17. Total medical and hospital (Lines 15 minus 16)	1,025,317,502	723,000,223	45,387,126	7,607,709	5,665,972	232,772,944	184,698	0	10,698,830	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$ 18,169,757 cost containment expenses	35,679,930	30,577,885	3,843,590	695,136	480,483	5,500,147	66,179		(5,483,490)	
20. General administrative expenses	68,667,646	51,096,098	6,422,695	1,161,583	802,895	9,190,826	110,585		(117,036)	
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	1,129,665,078	804,674,206	55,653,411	9,464,428	6,949,350	247,463,917	361,462	0	5,098,304	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	36,760,333	19,867,822	3,094,067	1,398,943	1,128,697	2,111,647	(395,025)	0	9,554,182	0
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Anthem Health Plans of Maine, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1 - PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) .....	819,687,832	0	12,494,466	807,193,366
2. Medicare Supplement .....	58,616,245	0	0	58,616,245
3. Dental only .....	10,864,679	0	0	10,864,679
4. Vision only .....	8,077,808	0	0	8,077,808
5. Federal Employees Health Benefits Plan .....	232,357,520	0	0	232,357,520
6. Title XVIII - Medicare .....	(35,691)	0	0	(35,691)
7. Title XIX - Medicaid .....	0	0	0	0
8. Other health .....	14,674,413	0	21,927	14,652,486
9. Health subtotal (Lines 1 through 8) .....	1,144,242,806	0	12,516,393	1,131,726,413
10. Life .....	0	0	0	0
11. Property/casualty .....	0	0	0	0
12. Totals (Lines 9 to 11)	1,144,242,806	0	12,516,393	1,131,726,413



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Anthem Health Plans of Maine, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2 - CLAIMS INCURRED DURING THE YEAR**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	988,712,335	700,160,764	49,467,134	7,525,524	5,691,480	214,656,293	1,116,721	0	10,094,419	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	21,474,488	21,474,338	0	0	0	0	0	0	150	0
1.4 Net	967,237,847	678,686,426	49,467,134	7,525,524	5,691,480	214,656,293	1,116,721	0	10,094,269	0
2. Paid medical incentive pools and bonuses	7,239,871	6,077,806	0	0	0	1,110,309	6,985	0	44,771	0
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	180,011,653	128,823,217	5,750,523	654,875	438,654	42,176,505	11,347	0	2,156,532	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	3,775,245	3,764,410	0	0	0	0	0	0	10,835	0
3.4 Net	176,236,408	125,058,807	5,750,523	654,875	438,654	42,176,505	11,347	0	2,145,697	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0	0	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	1,867,540	1,444,482	0	0	0	465,099	515	0	(42,556)	0
6. Net healthcare receivables (a)	2,873,542	2,325,326	499,562	(563)	0	154,178	(75,724)	0	(29,237)	0
7. Amounts recoverable from reinsurers December 31, current year	3,281,522	3,281,522	0	0	0	0	0	0	0	0
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	125,516,844	87,529,198	9,330,972	573,252	464,163	25,028,363	1,019,147	0	1,571,749	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	2,681,172	2,679,796	0	0	0	0	0	0	1,376	0
8.4 Net	122,835,672	84,849,402	9,330,972	573,252	464,163	25,028,363	1,019,147	0	1,570,373	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	65,415	47,123	(3)	0	0	18,295	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	65,415	47,123	(3)	0	0	18,295	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	2,626,512	2,182,424	0	0	0	434,426	7,447	0	2,215	0
11. Amounts recoverable from reinsurers December 31, prior year	4,418,499	4,418,499	0	0	0	0	0	0	0	0
12. Incurred Benefits:										
12.1 Direct	1,040,268,187	739,082,334	45,387,126	7,607,710	5,665,971	231,631,962	184,645	0	10,708,439	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	21,431,584	21,421,975	0	0	0	0	0	0	9,609	0
12.4 Net	1,018,836,603	717,660,359	45,387,126	7,607,710	5,665,971	231,631,962	184,645	0	10,698,830	0
13. Incurred medical incentive pools and bonuses	6,480,899	5,339,864	0	0	0	1,140,982	53	0	0	0

(a) Excludes \$ 29,794,414 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Anthem Health Plans of Maine, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct .....	66,838,908	60,473,067	1,077,553	69,029	128,441	5,079,473	11,345			
1.2 Reinsurance assumed .....	0	0	0	0	0	0	0			
1.3 Reinsurance ceded .....	0	0	0	0	0	0	0			
1.4 Net .....	66,838,908	60,473,067	1,077,553	69,029	128,441	5,079,473	11,345	0	0	0
2. Incurred but Unreported:										
2.1 Direct .....	113,172,745	68,350,150	4,672,970	585,846	310,213	37,097,032	2	0	2,156,532	
2.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	
2.3 Reinsurance ceded .....	3,775,245	3,764,410	0	0	0	0	0	0	10,835	
2.4 Net .....	109,397,500	64,585,740	4,672,970	585,846	310,213	37,097,032	2	0	2,145,697	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct .....	0									
3.2 Reinsurance assumed .....	0									
3.3 Reinsurance ceded .....	0									
3.4 Net .....	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1 Direct .....	180,011,653	128,823,217	5,750,523	654,875	438,654	42,176,505	11,347	0	2,156,532	0
4.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded .....	3,775,245	3,764,410	0	0	0	0	0	0	10,835	0
4.4 Net .....	176,236,408	125,058,807	5,750,523	654,875	438,654	42,176,505	11,347	0	2,145,697	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Anthem Health Plans of Maine, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE**

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred In Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	75,350,908	612,103,069	3,840,988	121,217,817	79,191,896	84,896,522
2. Medicare Supplement .....	7,084,235	42,414,405	958,016	4,792,508	8,042,251	9,330,969
3. Dental Only .....	510,814	7,018,132	17,172	637,703	527,986	573,253
4. Vision Only .....	245,192	5,446,288	384	438,270	245,576	464,163
5. Federal Employees Health Benefits Plan .....	22,395,728	192,306,292	474,698	41,701,807	22,870,426	25,046,657
6. Title XVIII - Medicare .....	939,482	263,049	(2,554)	13,901	936,928	1,019,149
7. Title XIX - Medicaid .....	0	0	0	0	0	0
8. Other health .....	1,103,788	9,019,718	154,807	1,990,891	1,258,595	1,570,374
9. Health subtotal (Lines 1 to 8) .....	107,630,147	868,570,953	5,443,511	170,792,897	113,073,658	122,901,087
10. Healthcare receivables (a) .....	1,687,416	9,012,402	0	0	1,687,416	0
11. Other non-health .....	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts .....	935,083	6,304,788	1,684,795	182,745	2,619,878	2,626,512
13. Totals (Lines 9 - 10 + 11 + 12)	106,877,814	865,863,339	7,128,306	170,975,642	114,006,120	125,527,599

(a) Excludes \$ 29,794,414 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Anthem Health Plans of Maine, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(\$000 Omitted)

**Section A - Paid Health Claims - Comprehensive (Hospital & Medical)**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	63,693	63,627	62,741	62,758	62,758
2. 2017	614,589	712,068	710,104	709,743	709,772
3. 2018	XXX	544,874	597,263	597,595	597,696
4. 2019	XXX	XXX	652,969	721,237	721,985
5. 2020	XXX	XXX	XXX	559,762	633,321
6. 2021	XXX	XXX	XXX	XXX	609,140

**Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior	65,263	63,858	62,741	62,758	62,758
2. 2017	723,597	712,236	710,109	709,974	709,803
3. 2018	XXX	612,871	597,936	597,631	597,902
4. 2019	XXX	XXX	723,846	722,797	722,594
5. 2020	XXX	XXX	XXX	645,015	637,810
6. 2021	XXX	XXX	XXX	XXX	730,308

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017	826,393	709,772	24,713	3.5	734,485	88.9	31	1	734,517	88.9
2. 2018	708,821	597,696	21,269	3.6	618,965	87.3	206	4	619,175	87.4
3. 2019	867,035	721,985	28,243	3.9	750,228	86.5	609	12	750,849	86.6
4. 2020	798,688	633,321	30,827	4.9	664,148	83.2	4,489	58	668,695	83.7
5. 2021	824,542	609,140	26,601	4.4	635,741	77.1	121,168	2,362	759,271	92.1

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Anthem Health Plans of Maine, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**  
 (\$000 Omitted)

**Section A - Paid Health Claims - Medicare Supplement**

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	18,242	18,375	18,370	18,368	18,368
2.	2017	30,070	37,143	37,133	37,358	37,344
3.	2018	XXX	35,294	39,657	40,249	40,238
4.	2019	XXX	XXX	37,601	41,343	41,362
5.	2020	XXX	XXX	XXX	33,581	40,668
6.	2021	XXX	XXX	XXX	XXX	41,886

**Section B - Incurred Health Claims - Medicare Supplement**

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	18,301	18,375	18,370	18,368	18,368
2.	2017	37,645	37,256	37,133	37,495	37,484
3.	2018	XXX	40,418	40,033	40,274	40,261
4.	2019	XXX	XXX	43,240	42,182	42,145
5.	2020	XXX	XXX	XXX	41,910	40,680
6.	2021	XXX	XXX	XXX	XXX	46,679

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Medicare Supplement**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017	46,589	37,344	2,017	5.4	39,361	84.5	140	4	39,505	84.8
2. 2018	47,369	40,238	2,548	6.3	42,786	90.3	23	1	42,810	90.4
3. 2019	50,938	41,362	3,462	8.4	44,824	88.0	783	20	45,627	89.6
4. 2020	56,345	40,668	3,335	8.2	44,003	78.1	12	0	44,015	78.1
5. 2021	58,747	41,886	3,276	7.8	45,162	76.9	4,793	125	50,080	85.2

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Anthem Health Plans of Maine, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(\$000 Omitted)

**Section A - Paid Health Claims - Dental Only**

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	224	224	224	224	224
2.	2017	5,430	5,713	5,720	5,723	5,724
3.	2018	XXX	5,611	5,918	5,920	5,921
4.	2019	XXX	XXX	6,442	6,798	6,807
5.	2020	XXX	XXX	XXX	5,225	5,724
6.	2021	XXX	XXX	XXX	XXX	7,015

**Section B - Incurred Health Claims - Dental Only**

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	231	225	224	224	224
2.	2017	5,852	5,727	5,721	5,724	5,724
3.	2018	XXX	5,993	5,925	5,921	5,921
4.	2019	XXX	XXX	6,933	6,807	6,808
5.	2020	XXX	XXX	XXX	5,788	5,740
6.	2021	XXX	XXX	XXX	XXX	7,653

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017	8,280	5,724	574	10.0	6,298	76.1	0	0	6,298	76.1
2. 2018	8,588	5,921	644	10.9	6,565	76.4	0	0	6,565	76.4
3. 2019	9,161	6,807	687	10.1	7,494	81.8	1	0	7,495	81.8
4. 2020	8,928	5,724	619	10.8	6,343	71.0	16	0	6,359	71.2
5. 2021	10,863	7,015	645	9.2	7,660	70.5	638	12	8,310	76.5

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Anthem Health Plans of Maine, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(\$000 Omitted)

**Section A - Paid Health Claims - Vision Only**

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	304	304	304	304	304
2.	2017	4,822	5,098	5,098	5,098	5,098
3.	2018	XXX	5,009	5,253	5,253	5,253
4.	2019	XXX	XXX	5,527	5,867	5,859
5.	2020	XXX	XXX	XXX	4,666	4,920
6.	2021	XXX	XXX	XXX	XXX	5,446

**Section B - Incurred Health Claims - Vision Only**

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	304	304	304	304	304
2.	2017	5,130	5,100	5,098	5,098	5,098
3.	2018	XXX	5,278	5,250	5,253	5,253
4.	2019	XXX	XXX	5,945	5,867	5,859
5.	2020	XXX	XXX	XXX	5,130	4,920
6.	2021	XXX	XXX	XXX	XXX	5,885

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Vision Only**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017	7,198	5,098	378	7.4	5,476	76.1	0	0	5,476	76.1
2. 2018	7,539	5,253	455	8.7	5,708	75.7	0	0	5,708	75.7
3. 2019	7,893	5,859	447	7.6	6,306	79.9	0	0	6,306	79.9
4. 2020	7,606	4,920	392	8.0	5,312	69.8	0	0	5,312	69.8
5. 2021	8,078	5,446	460	8.4	5,906	73.1	438	11	6,355	78.7

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Anthem Health Plans of Maine, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(\$000 Omitted)

**Section A - Paid Health Claims - Federal Employees Health Benefits Plan Premium**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	19,004	18,508	17,914	17,608	17,608
2. 2017 .....	168,972	189,146	188,704	188,656	188,706
3. 2018 .....	XXX	172,367	191,368	191,511	191,629
4. 2019 .....	XXX	XXX	189,259	208,694	209,149
5. 2020 .....	XXX	XXX	XXX	177,987	199,890
6. 2021 .....	XXX	XXX	XXX	XXX	193,087

**Section B - Incurred Health Claims - Federal Employees Health Benefits Plan Premium**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	19,112	18,508	17,914	17,601	17,608
2. 2017 .....	188,472	189,210	188,418	188,647	188,714
3. 2018 .....	XXX	190,942	190,952	191,406	191,659
4. 2019 .....	XXX	XXX	210,476	208,615	209,272
5. 2020 .....	XXX	XXX	XXX	203,666	200,433
6. 2021 .....	XXX	XXX	XXX	XXX	235,025

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Federal Employees Health Benefits Plan Premium**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017 .....	201,735	188,706	4,311	2.3	193,017	95.7	8	0	193,025	95.7
2. 2018 .....	209,334	191,629	5,280	2.8	196,909	94.1	30	1	196,940	94.1
3. 2019 .....	223,242	209,149	4,836	2.3	213,985	95.9	123	3	214,111	95.9
4. 2020 .....	223,756	199,890	5,193	2.6	205,083	91.7	543	6	205,632	91.9
5. 2021 .....	249,576	193,087	4,627	2.4	197,714	79.2	41,938	849	240,501	96.4



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Anthem Health Plans of Maine, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(\$000 Omitted)

**Section A - Paid Health Claims - Title XVIII**

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	2,699	2,799	2,664	2,638	2,638
2.	2017	30,916	34,786	34,535	34,327	34,313
3.	2018	XXX	3,176	3,338	3,337	3,337
4.	2019	XXX	XXX	895	945	946
5.	2020	XXX	XXX	XXX	883	1,829
6.	2021	XXX	XXX	XXX	XXX	266

**Section B - Incurred Health Claims - Title XVIII**

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	2,773	2,780	2,662	2,638	2,638
2.	2017	37,943	34,726	34,413	34,329	34,313
3.	2018	XXX	3,357	3,347	3,337	3,337
4.	2019	XXX	XXX	975	946	944
5.	2020	XXX	XXX	XXX	1,908	1,828
6.	2021	XXX	XXX	XXX	XXX	280

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017	41,607	34,313	1,922	5.6	36,235	87.1	0	0	36,235	87.1
2. 2018	1,067	3,337	338	10.1	3,675	344.4	0	0	3,675	344.4
3. 2019	612	946	546	57.7	1,492	243.8	(2)	0	1,490	243.5
4. 2020	1,170	1,829	175	9.6	2,004	171.3	(1)	0	2,003	171.2
5. 2021	(34)	266	15	5.6	281	(826.5)	14	0	295	(867.6)

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Anthem Health Plans of Maine, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(\$000 Omitted)

**Section A - Paid Health Claims - Other**

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	633	633	633	633	633
2.	2017	5,746	6,337	6,504	6,503	6,503
3.	2018	XXX	8,862	9,239	9,241	9,241
4.	2019	XXX	XXX	6,316	6,820	6,821
5.	2020	XXX	XXX	XXX	8,266	9,410
6.	2021	XXX	XXX	XXX	XXX	9,023

**Section B - Incurred Health Claims - Other**

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	641	633	633	633	633
2.	2017	6,612	6,316	6,539	6,504	6,503
3.	2018	XXX	9,846	9,144	9,239	9,241
4.	2019	XXX	XXX	7,780	6,925	6,822
5.	2020	XXX	XXX	XXX	9,736	9,525
6.	2021	XXX	XXX	XXX	XXX	11,011

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Other**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017	7,740	6,503	(100)	(1.5)	6,403	82.7	0	0	6,403	82.7
2. 2018	9,022	9,241	(2,128)	(23.0)	7,113	78.8	0	0	7,113	78.8
3. 2019	10,157	6,821	549	8.0	7,370	72.6	1	0	7,371	72.6
4. 2020	13,388	9,410	380	4.0	9,790	73.1	115	4	9,909	74.0
5. 2021	14,653	9,023	222	2.5	9,245	63.1	1,988	52	11,285	77.0

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Anthem Health Plans of Maine, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**  
 (\$000 Omitted)

**Section A - Paid Health Claims - Grand Total**

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	104,799	104,470	102,850	102,533	102,533
2.	2017	860,545	990,291	987,798	987,408	987,460
3.	2018	XXX	775,193	852,036	853,106	853,315
4.	2019	XXX	XXX	899,009	991,704	992,929
5.	2020	XXX	XXX	XXX	790,370	895,762
6.	2021	XXX	XXX	XXX	XXX	865,863

**Section B - Incurred Health Claims - Grand Total**

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2017	2 2018	3 2019	4 2020	5 2021
1.	Prior	106,625	104,683	102,848	102,526	102,533
2.	2017	1,005,251	990,571	987,431	987,771	987,639
3.	2018	XXX	868,705	852,587	853,061	853,574
4.	2019	XXX	XXX	999,195	994,139	994,444
5.	2020	XXX	XXX	XXX	913,153	900,936
6.	2021	XXX	XXX	XXX	XXX	1,036,841

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2017	1,139,542	987,460	33,815	3.4	1,021,275	89.6	179	5	1,021,459	89.6
2. 2018	991,740	853,315	28,406	3.3	881,721	88.9	259	6	881,986	88.9
3. 2019	1,169,038	992,929	38,770	3.9	1,031,699	88.3	1,515	35	1,033,249	88.4
4. 2020	1,109,881	895,762	40,921	4.6	936,683	84.4	5,174	68	941,925	84.9
5. 2021	1,166,425	865,863	35,846	4.1	901,709	77.3	170,977	3,411	1,076,097	92.3

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**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY**

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves .....	3,653	702	780	2,175	(4)				
2. Additional policy reserves (a) .....	0								
3. Reserve for future contingent benefits .....	0								
4. Reserve for rate credits or experience rating refunds (including \$ ..... ) for investment income .....	117,198,520	70,927,313		615,365		45,655,126	716		
5. Aggregate write-ins for other policy reserves .....	17,562,582	17,562,582	0	0	0	0	0	0	0
6. Totals (gross) .....	134,764,755	88,490,597	780	617,540	(4)	45,655,126	716	0	0
7. Reinsurance ceded .....	0								
8. Totals (Net)(Page 3, Line 4) .....	134,764,755	88,490,597	780	617,540	(4)	45,655,126	716	0	0
9. Present value of amounts not yet due on claims .....	0								
10. Reserve for future contingent benefits .....	0								
11. Aggregate write-ins for other claim reserves .....	0	0	0	0	0	0	0	0	0
12. Totals (gross) .....	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded .....	0								
14. Totals (Net)(Page 3, Line 7) .....	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>									
0501. Risk Adjustment Redetermination .....	17,562,582	17,562,582							
0502. ....									
0503. ....									
0598. Summary of remaining write-ins for Line 5 from overflow page .....	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above) .....	17,562,582	17,562,582	0	0	0	0	0	0	0
1101. ....									
1102. ....									
1103. ....									
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above) .....	0	0	0	0	0	0	0	0	0

(a) Includes \$ ..... premium deficiency reserve.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ ..... for occupancy of own building) .....	483,151	588,209	37,818	44	1,109,222
2. Salary, wages and other benefits .....	15,340,406	12,168,874	26,842,129	31,340	54,382,749
3. Commissions (less \$ ..... ceded plus \$ ..... assumed) .....	0		13,184,903	0	13,184,903
4. Legal fees and expenses .....	3,924	124	484,561	566	489,175
5. Certifications and accreditation fees .....				0	0
6. Auditing, actuarial and other consulting services .....	2,494,959	4,057,096	3,609,707	4,215	10,165,977
7. Traveling expenses .....	6,814	396	100,468	117	107,795
8. Marketing and advertising .....	86,945	23,097	1,826,616	2,133	1,938,791
9. Postage, express and telephone .....	206,285	265,436	2,355,716	2,750	2,830,187
10. Printing and office supplies .....	44,901	9,292	112,229	131	166,553
11. Occupancy, depreciation and amortization .....	0		0	0	0
12. Equipment .....	188	2,086	162,376	190	164,840
13. Cost or depreciation of EDP equipment and software .....	615,992	179,843	4,392,376	5,128	5,193,339
14. Outsourced services including EDP, claims, and other services .....	6,044,164	4,391,734	3,641,941	4,252	14,082,091
15. Boards, bureaus and association fees .....	5,390	202	353,550	413	359,555
16. Insurance, except on real estate .....	0	0	280,341	327	280,668
17. Collection and bank service charges .....	69	12	478,997	559	479,637
18. Group service and administration fees .....	435	1,508,033	6,858,262	8,008	8,374,738
19. Reimbursements by uninsured plans .....	(8,707,215)	(10,472,851)	(23,004,218)	0	(42,184,284)
20. Reimbursements from fiscal intermediaries .....	0		0	0	0
21. Real estate expenses .....	23,135	6,668	526,028	614	556,445
22. Real estate taxes .....	0		72,839	0	72,839
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....	0		7,584,556	0	7,584,556
23.2 State premium taxes .....	0		8,382,332	0	8,382,332
23.3 Regulatory authority licenses and fees .....	7,776	838	169,045	0	177,659
23.4 Payroll taxes .....	889,572	736,788	1,610,841	0	3,237,201
23.5 Other (excluding federal income and real estate taxes) .....	0		5,509,293	0	5,509,293
24. Investment expenses not included elsewhere .....	0		0	266,425	266,425
25. Aggregate write-ins for expenses .....	622,866	4,044,296	3,094,940	3,614	7,765,716
26. Total expenses incurred (Lines 1 to 25) .....	18,169,757	17,510,173	68,667,646	330,826	(a) 104,678,402
27. Less expenses unpaid December 31, current year .....		3,525,589	22,151,470		25,677,059
28. Add expenses unpaid December 31, prior year .....		2,453,408	17,941,669		20,395,077
29. Amounts receivable relating to uninsured plans, prior year .....			91,853,419		91,853,419
30. Amounts receivable relating to uninsured plans, current year .....			107,596,060		107,596,060
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30) .....	18,169,757	16,437,992	80,200,486	330,826	115,139,061
<b>DETAILS OF WRITE-INS</b>					
2501. Miscellaneous Expense .....	622,866	4,044,296	3,094,940	3,614	7,765,716
2502. ....					
2503. ....					
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	622,866	4,044,296	3,094,940	3,614	7,765,716

(a) Includes management fees of \$ 92,302,146 to affiliates and \$ ..... to non-affiliates.

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a) 269,226	386,004
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 7,847,230	7,735,279
1.3 Bonds of affiliates	(a) 0	0
2.1 Preferred stocks (unaffiliated)	(b) 0	0
2.11 Preferred stocks of affiliates	(b) 0	0
2.2 Common stocks (unaffiliated)	0	0
2.21 Common stocks of affiliates	0	0
3. Mortgage loans	(c) 0	0
4. Real estate	(d) 0	0
5. Contract Loans	0	0
6. Cash, cash equivalents and short-term investments	(e) 18,503	18,503
7. Derivative instruments	(f) 0	0
8. Other invested assets	0	0
9. Aggregate write-ins for investment income	35,349	37,499
10. Total gross investment income	8,170,308	8,177,285
11. Investment expenses		(g) 330,826
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13. Interest expense		(h) 0
14. Depreciation on real estate and other invested assets		(i) 0
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		330,826
17. Net investment income (Line 10 minus Line 16)		7,846,459
<b>DETAILS OF WRITE-INS</b>		
0901. Miscellaneous Income	8,213	8,213
0902. Securities Lending	27,136	29,286
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	35,349	37,499
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ 503,569 accrual of discount less \$ 2,412,188 amortization of premium and less \$ 280,546 paid for accrued interest on purchases.
- (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.
- (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.
- (e) Includes \$ 1,894 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.
- (g) Includes \$ 0 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.
- (i) Includes \$ 0 depreciation on real estate and \$ 0 depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	(65,237)	0	(65,237)	0	0
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)	(702,315)	(223,694)	(926,009)	264,607	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	1,245	0	1,245	0	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	1,288,835	0	1,288,835	0	0
10. Total capital gains (losses)	522,528	(223,694)	298,834	264,607	0
<b>DETAILS OF WRITE-INS</b>					
0901. Deferred gain on sale-leaseback transaction	1,288,835		1,288,835		
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	1,288,835	0	1,288,835	0	0

**EXHIBIT OF NON-ADMITTED ASSETS**

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....			0
2.2 Common stocks .....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....			0
3.2 Other than first liens .....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....			0
4.2 Properties held for the production of income .....			0
4.3 Properties held for sale .....			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) .....			0
6. Contract loans .....			0
7. Derivatives (Schedule DB) .....			0
8. Other invested assets (Schedule BA) .....			0
9. Receivables for securities .....			0
10. Securities lending reinvested collateral assets (Schedule DL) .....			0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	0	0	0
13. Title plants (for Title insurers only) .....			0
14. Investment income due and accrued .....		1,875	1,875
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....	2,284,801	2,229,155	(55,646)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....			0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....			0
16.2 Funds held by or deposited with reinsured companies .....			0
16.3 Other amounts receivable under reinsurance contracts .....			0
17. Amounts receivable relating to uninsured plans .....	23,847,553	15,964,063	(7,883,490)
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0
18.2 Net deferred tax asset .....			0
19. Guaranty funds receivable or on deposit .....			0
20. Electronic data processing equipment and software .....			0
21. Furniture and equipment, including health care delivery assets .....	186,025	1,581,380	1,395,355
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0
23. Receivable from parent, subsidiaries and affiliates .....			0
24. Health care and other amounts receivable .....	15,031,829	11,017,236	(4,014,593)
25. Aggregate write-ins for other than invested assets .....	1,240,586	461,702	(778,884)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	42,590,794	31,255,411	(11,335,383)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0
28. Total (Lines 26 and 27)	42,590,794	31,255,411	(11,335,383)
<b>DETAILS OF WRITE-INS</b>			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501. Prepaid Expenses .....	608,240	453,702	(154,538)
2502. Miscellaneous Receivables .....	632,346	8,000	(624,346)
2503. ....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	1,240,586	461,702	(778,884)

**EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations .....	21,500	22,843	22,777	23,209	23,281	276,275
2. Provider Service Organizations .....						
3. Preferred Provider Organizations .....	261,116	267,256	268,005	270,441	270,700	3,229,877
4. Point of Service .....	62,949	63,329	63,186	63,359	62,971	759,169
5. Indemnity Only .....	23,833	24,416	24,486	24,608	24,652	294,389
6. Aggregate write-ins for other lines of business .....	23,895	25,604	25,476	25,537	25,936	304,526
7. Total	393,293	403,448	403,930	407,154	407,540	4,864,236
<b>DETAILS OF WRITE-INS</b>						
0601. Consumer Driven Health Products .....	23,827	25,439	25,212	25,274	25,619	301,754
0602. Disability and Accident .....	68	165	264	263	317	2,772
0603. ....						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	23,895	25,604	25,476	25,537	25,936	304,526



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Anthem Health Plans of Maine, Inc.  
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**1. Summary of Significant Accounting Policies and Going Concern**

**A. Accounting Practices**

The accompanying financial statements of Anthem Health Plans of Maine, Inc. (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 (“Bureau”).

A reconciliation of the Company’s net income (loss) 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 #	2021	2020
<b><u>Net Income</u></b>					
(1) Anthem Health Plans of Maine, Inc. state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 29,225,123	\$ 55,090,881
(2) State Prescribed Practices that is an increase/(decrease) from NAIC SAP:				—	—
(3) State Permitted Practices that is an increase/(decrease) from NAIC SAP:				—	—
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	<u>\$ 29,225,123</u>	<u>\$ 55,090,881</u>
<b><u>Surplus</u></b>					
(5) Anthem Health Plans of Maine, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$146,289,952	\$155,707,822
(6) State Prescribed Practices that is an increase/(decrease) from NAIC SAP:				—	—
(7) State Permitted Practices that is an increase/(decrease) from NAIC SAP:				—	—
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	<u>\$146,289,952</u>	<u>\$155,707,822</u>

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

Preparation of financial statements 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 Policies**

Health premiums are earned over the term of the related insurance policies and reinsurance contracts. Premiums written are reported net of excess loss reinsurance ceded and experience rating refunds. Unearned premium reserves are established to cover the unexpired portion of premiums written and are computed by pro rata methods for direct business and based on reports received from ceding companies for reinsurance. 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 for certain lines of business 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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Anthem Health Plans of Maine, Inc.  
NOTES TO FINANCIAL STATEMENTS

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 and more than three months at the date of acquisition and are reported at amortized cost, which approximates fair value. Non-investment grade short-term investments are stated at the lower of amortized cost or fair value.
- (2) Investment grade bonds not backed by other loans are stated at amortized cost, with amortization calculated based on the modified scientific method, using lower of yield to call or yield to maturity. Non-investment grade bonds are stated at the lower of amortized cost or fair value as determined by various third-party pricing sources.
- (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 - real estate.
- (6) Loan-backed securities are stated at amortized cost. Prepayment assumptions for loan-backed securities and structured securities were obtained from broker-dealer survey values or internal estimates. These assumptions are consistent with the current interest rate and economic environment. The retrospective adjustment method is used to value all loan-backed securities. Non-investment grade loan-backed securities are stated at the lower of amortized cost or fair value.
- (7) The Company has no investments in subsidiaries, controlled and affiliated companies.
- (8) The Company has no investments in joint ventures, partnerships or limited liability companies.
- (9) The Company has no derivative instruments.
- (10) The Company recognizes losses from other-than-temporary impairments (“OTTI”) of investments in accordance with Statements of Standard Accounting Practice (“SSAP”) No. 26R, *Bonds*; and SSAP No. 30, *Common Stock*; and SSAP No. 32R, *Preferred Stock*.
- (11) The Company does not anticipate investment income as a factor in premium deficiency calculations.
- (12) 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, and 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.
- (13) The Company has not modified its capitalization policy from the prior period.
- (14) Pharmacy rebate receivables are recorded when earned based upon actual rebate receivables billed and an estimate of receivables based upon current utilization of specific pharmaceuticals and provider contract terms.
- (15) Service fees earned from providing administrative services to self-insured customers are deducted from operating expenses, and related claim payments and subsequent reimbursements of those claim payments are excluded from net income.
- (16) Premium under the Federal Employee Program (“FEP”) is earned when chargeable benefit costs, allowable expenses and retentions are incurred. Deferred premiums are recorded to offset the FEP liabilities for incurred claims but not reported and claims adjustment expenses that are due from the Office of Personnel Management (“OPM”), when the claims are ultimately paid.
- (17) A discount rate is applied to guaranty fund liabilities and assets related to assessments from insolvencies of entities that wrote long-term care contracts.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Anthem Health Plans of Maine, Inc.  
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**D. Going Concern**

Not applicable.

**2. Accounting Changes and Corrections of Errors**

There were no accounting changes or corrections of errors during the years ended December 31, 2021 and 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.

**E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill**

Not applicable.

**4. Discontinued Operations**

The Company had no operations that were discontinued during 2021 or 2020.

**5. Investments**

**A. Mortgage Loans, including Mezzanine Real Estate Loans**

The Company did not have investments in mortgage loans at December 31, 2021 or 2020.

**B. Debt Restructuring**

The Company did not have invested assets that were restructured debt at December 31, 2021 or 2020.

**C. Reverse Mortgages**

The Company did not have investments in reverse mortgages at December 31, 2021 or 2020.

**D. Loan-Backed Securities**

(1) Prepayment assumptions for single-class and multi-class mortgage-backed and asset-backed securities were obtained from broker-dealer survey values or internal estimates. The Company used various third-party pricing sources in determining the market value of its loan-backed securities.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Anthem Health Plans of Maine, Inc.  
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(2) The following OTTI were recognized during the year on loan-backed securities:

	(1) Amortized Cost Basis Before OTTI	(2) OTTI Recognized in Loss	(3) Fair Value 1 - 2
OTTI recognized 1st Quarter			
a. Intent to sell	\$ —	\$ —	\$ —
b. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	\$ —	\$ —	\$ —
c. Total 1st Quarter	\$ —	\$ —	\$ —
OTTI recognized 2nd Quarter			
d. Intent to sell	\$ —	\$ —	\$ —
e. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			\$ —
f. Total 2nd Quarter	\$ —	\$ —	\$ —
OTTI recognized 3rd Quarter			
g. Intent to sell	\$ —	\$ —	\$ —
h. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	\$ 2,018,191	\$ 223,693	\$ 1,794,498
i. Total 3rd Quarter	\$ 2,018,191	\$ 223,693	\$ 1,794,498
OTTI recognized 4th Quarter			
j. Intent to sell	\$ —	\$ —	\$ —
k. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	\$ —	\$ —	\$ —
l. Total 4th Quarter	\$ —	\$ —	\$ —
m. Annual aggregate total		<u>\$ 223,693</u>	

(3) The table below illustrates, by security and in the aggregate, the effects of OTTI on the Company's loan-backed securities for the year ended December 31, 2021. All the loan-backed securities where OTTI was recognized are categorized such that the present value of cash flows expected to be collected is less than the amortized cost basis of the security.

1 CUSIP	2 Book/Adjusted Carrying Value Amortized Cost Before Current Period OTTI	3 Present Value of Projected Cash Flows	4 Recognized OTTI	5 Amortized Cost After OTTI	6 Fair Value at time of OTTI	7 Date of Financial Statement Where Reported
3622EBAB4	\$ 2,018,191	\$ 1,794,498	\$ 223,693	\$ 1,794,498	\$ 1,599,181	9/30/2021
Total			<u>\$ 223,693</u>			

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Anthem Health Plans of Maine, Inc.  
**NOTES TO FINANCIAL STATEMENTS**

(4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a.	The aggregate amount of unrealized losses:		
		1. Less than 12 Months	\$ (480,866)
		2. 12 Months or Longer	\$ (530,871)
b.	The aggregate related fair value of securities with unrealized losses:		
		1. Less than 12 Months	\$ 47,501,968
		2. 12 Months or Longer	\$ 5,130,769

(5) The Company's bond portfolio is sensitive to interest rate fluctuations, which impact the fair value of individual securities. Unrealized losses on bonds were primarily caused by the effects of the interest rate environment and the widening of credit spreads on certain securities. The Company currently has the ability and intent to hold these securities until their full cost can be recovered. Therefore, the Company does not believe the unrealized losses represent an OTTI at December 31, 2021 or 2020.

**E. Dollar Repurchase Agreements and/or Securities Lending Transactions**

(1) The Company did not enter into repurchase agreements at December 31, 2021 or 2020.

(2) The Company participates in a securities lending program whereby marketable securities in its investment portfolio are transferred to independent brokers or dealers based on, among other things, their creditworthiness in exchange for collateral initially equal to at least 102% of the market value of the loaned securities. The Company receives the collateral in cash or securities, and if cash is received the cash collateral is thereafter invested according to guidelines of the Company's Investment Policy.

(3) Collateral Received

a.	Aggregate amount collateral received		
			<b><u>Fair Value</u></b>
1.	Securities Lending		
	(a) Open	\$	14,332,424
	(b) 30 days or less		—
	(c) 31 to 60 days		—
	(d) 61 to 90 days		—
	(e) Greater than 90 days		—
	(f) Sub-total	\$	14,332,424
	(g) Securities received		5,521,764
	(h) Total collateral received	\$	<u>19,854,188</u>
2.	Dollar repurchase agreement - Not applicable.		
b.	The fair value of that collateral and of the portion of that collateral that it has sold or repledged	\$	<u>19,854,188</u>
c.	The Company receives cash collateral in an amount in excess of fair value of the securities lent. The Company reinvests the cash collateral according to guidelines of the Company's Investment Policy.		

(4) The Company does not have any securities lending transactions administered by an affiliated agent.

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(5) Collateral Reinvestment

a. Aggregate amount collateral reinvested

	<u>Amortized Cost</u>	<u>Fair Value</u>
1. Securities Lending		
(a) Open	\$ —	\$ —
(b) 30 days or less	4,761,532	4,761,547
(c) 31 to 60 days	5,770,037	5,770,051
(d) 61 to 90 days	1,605,784	1,605,966
(e) 91 to 120 days	1,338,389	1,338,377
(f) 121 to 180 days	282,762	282,769
(g) 181 to 365 days	573,714	573,714
(h) 1 to 2 years	—	—
(i) 2 to 3 years	—	—
(j) Greater than 3 years	—	—
(k) Sub-total	<u>\$ 14,332,218</u>	<u>\$ 14,332,424</u>
(l) Securities received	5,521,764	5,521,764
(m) Total collateral reinvested	<u>\$ 19,853,982</u>	<u>\$ 19,854,188</u>

2. Dollar repurchase agreement - Not applicable.

b. 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 secured borrowing at December 31, 2021 or 2020.

**G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing**

The Company did not enter into reverse repurchase agreement transactions accounted for as a secured borrowing at December 31, 2021 or 2020.

**H. Repurchase Agreements Transactions Accounted for as a Sale**

The Company did not enter into repurchase agreement transactions accounted for as a sale at December 31, 2021 or 2020.

**I. Reverse Repurchase Agreements Transactions Accounted for as a Sale**

The Company did not enter into reverse repurchase agreement transactions accounted for as a sale at December 31, 2021 or 2020.

**J. Real Estate**

(1) The Company did not recognize any impairment losses on its investment in real estate at December 31, 2021. The Company recognized an impairment loss on its investment in real estate of \$38,425 at December 31, 2020.

(2) On July 30, 2015, the Company sold its real estate investment in its office building located at 2 Gannett Drive in South Portland, Maine to WPME001, LLC, a Maine limited liability company, for \$25,800,00. Concurrently, the Company leased back the 2 Gannett Drive in South Portland, Maine office building under a 12 year year lease agreement with four optional 5-year renewal periods. In accordance with

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statutory accounting principles, the Company accounted for the transaction as a sale-leaseback settled entirely in cash, and recognized the entire gain directly to special surplus funds. The recognized gain to special surplus funds of \$15,466,022 is being amortized to unassigned surplus on a straight-line basis over the 12 year life of the lease. This amount will be reported as a realized capital gain in each year in the statements of revenue and expenses. The amount of realized gain in the statements of revenue and expenses recognized was \$1,288,835 and \$1,288,835 in 2021 and 2020, respectively.

(3) Not applicable.

(4) The Company did not engage in retail land sales operations during 2021 or 2020.

(5) Not applicable.

**K. Investments in Low-Income Housing Tax Credits**

The Company did not invest in properties generating low-income housing tax credits during 2021 or 2020.

**L. Restricted Assets**

(1) Restricted assets (including pledged)

Restricted Asset Category	1	2	3	4	5	6	7
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross Admitted and Nonadmitted Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ —	\$ —	—	\$ —	\$ —	0.00 %	0.00 %
b. Collateral held under security lending agreements	19,853,982	16,175,211	3,678,771	—	\$19,853,982	2.73 %	2.91 %
c. Subject to repurchase agreements	—	—	—	—	\$ —	0.00 %	0.00 %
d. Subject to reverse repurchase agreements	—	—	—	—	\$ —	0.00 %	0.00 %
e. Subject to dollar repurchase agreements	—	—	—	—	\$ —	0.00 %	0.00 %
f. Subject to dollar reverse repurchase agreements	—	—	—	—	\$ —	0.00 %	0.00 %
g. Placed under option contracts	—	—	—	—	\$ —	0.00 %	0.00 %
h. Letter stock or securities restricted as to sale-excluding FHLB capital stock	—	—	—	—	\$ —	0.00 %	0.00 %
i. FHLB capital stock	—	—	—	—	\$ —	0.00 %	0.00 %
j. On deposit with states	850,725	698,005	152,720	—	\$ 850,725	0.12 %	0.12 %
k. On deposit with other regulatory bodies	—	—	—	—	\$ —	0.00 %	0.00 %
l. Pledged as collateral to FHLB (including assets backing funding agreements)	—	—	—	—	\$ —	0.00 %	0.00 %
m. Pledged as collateral not captured in other categories	—	—	—	—	\$ —	0.00 %	0.00 %
n. Other restricted assets	—	—	—	—	\$ —	0.00 %	0.00 %
<b>o. Total Restricted Assets</b>	<b>\$ 20,704,707</b>	<b>\$ 16,873,216</b>	<b>\$ 3,831,491</b>	<b>\$ —</b>	<b>\$20,704,707</b>	<b>2.85 %</b>	<b>3.03 %</b>

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

(2) Not applicable.

(3) Not applicable.

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(4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements

Collateral Assets	1	2	3	4
	Book/ Adjusted Carrying Value (BACV)	Fair Value	% of BACV to Total Assets (Admitted and Nonadmitted*)	% of BACV to Total Admitted Assets **
a. Cash	\$ —	\$ —	— %	— %
b. Schedule D, Part 1	—	—	—	—
c. Schedule D, Part 2 Section 1	—	—	—	—
d. Schedule D, Part 2 Section 2	—	—	—	—
e. Schedule B	—	—	—	—
f. Schedule A	—	—	—	—
g. Schedule BA, Part 1	—	—	—	—
h. Schedule DL, Part 1	19,853,982	19,854,188	2.73	2.91
i. Other	—	—	—	—
j. Total Collateral Assets (a+b+c+d+e+f+g+h+i)	\$ 19,853,982	\$19,854,188	2.73 %	2.91 %

\* Column 1 divided by Asset Page, Line 26 (Column 1)

\*\* Column 1 divided by Asset Page, Line 26 (Column 3)

	<u>1</u>	<u>2</u>
	<u>Amount</u>	<u>% of Liability to Total Liabilities *</u>
k. Recognized Obligation to Return Collateral Asset	\$ 19,853,982	3.7 %

\* Column 1 divided by Liability Page, Line 24 (Column 3)

**M. Working Capital Finance Investments**

The Company did not have any working capital finance investments at December 31, 2021 and 2020.

**N. Offsetting and Netting of Assets and Liabilities**

The Company did not have any offsetting or netting of assets and liabilities at December 31, 2021 and 2020.

**O. 5GI Securities**

The Company has no 5GI Securities as of December 31, 2021 and 2020.

**P. Short Sales**

The Company did not have any short sales at December 31, 2021 and 2020.

**Q. Prepayment Penalty and Acceleration Fees**

**General Account**

(1) Number of CUSIPs	7
(2) Aggregate Amount of Investment Income	\$ 170,111

**R. Reporting Entity's Share of Cash Pool by Asset Type**

The Company did not participate in a cash pool at December 31, 2021.



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**6. Joint Ventures, Partnerships and Limited Liability Companies**

- A. The Company has no investments in joint ventures, partnerships or LLCs.
- B. Not applicable.

**7. Investment Income**

- A. All investment income due and accrued with amounts that are over 90 days past due is non-admitted.
- B. At December 31, 2021 all accrued investment income was admitted. At December 31, 2020 there was \$1,875 of nonadmitted accrued investment income.

**8. Derivative Instruments**

The Company has no derivative instruments.

**9. Income Taxes**

**A. The components of net deferred tax assets (liabilities):**

(1) The components of net deferred tax asset (liabilities) are as follows:

	12/31/2021		
	(1)	(2)	(3)
	Ordinary	Capital	(Col 1+2) Total
(a) Gross Deferred Tax Assets	\$ 20,424,449	\$ 136,487	\$ 20,560,936
(b) Statutory Valuation Allowance Adjustments	—	—	—
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	20,424,449	136,487	20,560,936
(d) Deferred Tax Assets Nonadmitted	—	—	—
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	20,424,449	136,487	20,560,936
(f) Deferred Tax Liabilities	11,934,222	98,897	12,033,119
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 8,490,227	\$ 37,590	\$ 8,527,817

	12/31/2020		
	(4)	(5)	(6)
	Ordinary	Capital	(Col 4+5) Total
(a) Gross Deferred Tax Assets	\$ 13,512,093	\$ 153,000	\$ 13,665,093
(b) Statutory Valuation Allowance Adjustments	—	—	—
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	13,512,093	153,000	13,665,093
(d) Deferred Tax Assets Nonadmitted	—	—	—
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	13,512,093	153,000	13,665,093
(f) Deferred Tax Liabilities	13,754,997	98,897	13,853,894
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ (242,904)	\$ 54,103	\$ (188,801)

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	Change		
	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
(a) Gross Deferred Tax Assets	\$ 6,912,356	\$ (16,513)	\$ 6,895,843
(b) Statutory Valuation Allowance Adjustments	—	—	—
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	6,912,356	(16,513)	6,895,843
(d) Deferred Tax Assets Nonadmitted	—	—	—
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	6,912,356	(16,513)	6,895,843
(f) Deferred Tax Liabilities	(1,820,775)	—	(1,820,775)
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	<u>\$ 8,733,131</u>	<u>\$ (16,513)</u>	<u>\$ 8,716,618</u>

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(2) The amount of admitted adjusted gross deferred tax assets under each component of SSAP No. 101, *Income Taxes* (“SSAP No. 101”) are as follows:

12/31/2021			
(1)	(2)	(3)	
Ordinary	Capital	(Col 1+2) Total	
Admission Calculation Components SSAP No. 101			
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.	\$ 18,927,713	\$ 77,993	\$ 19,005,706
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	288,617	38,996	327,613
1. Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	288,617	38,996	327,613
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	20,664,320
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	1,208,119	19,498	1,227,617
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	<u>\$ 20,424,449</u>	<u>\$ 136,487</u>	<u>\$ 20,560,936</u>

12/31/2020			
(4)	(5)	(6)	
Ordinary	Capital	(Col 4+5) Total	
Admission Calculation Components SSAP No. 101			
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.	\$ 11,992,353	\$ 131,143	\$ 12,123,496
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	259,878	—	259,878
1. Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	259,878	—	259,878
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	23,356,173
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	1,259,862	21,857	1,281,719
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	<u>\$ 13,512,093</u>	<u>\$ 153,000</u>	<u>\$ 13,665,093</u>

Change			
(7)	(8)	(9)	
(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total	
Admission Calculation Components SSAP No. 101			
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.	\$ 6,935,360	\$ (53,150)	\$ 6,882,210
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	28,739	38,996	67,735
1. Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	28,739	38,996	67,735
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	(2,691,853)
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	(51,743)	(2,359)	(54,102)
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	<u>\$ 6,912,356</u>	<u>\$ (16,513)</u>	<u>\$ 6,895,843</u>

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		2021	2020
(3)			
(a)	Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	611.94 %	1,024.16 %
(b)	Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 137,762,135	\$ 155,707,822

	12/31/2021		12/31/2020		Change	
	(1)	(2)	(3)	(4)	(5)	(6)
	<b>Ordinary</b>	<b>Capital</b>	<b>Ordinary</b>	<b>Capital</b>	<b>(Col 1-3) Ordinary</b>	<b>(Col 2-4) Capital</b>

Impact of Tax-Planning Strategies

(a)	Determination of Adjusted Gross Deferred Tax Assets and Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.						
1.	Adjusted Gross DTAs Amount From Note 9A1(c)	\$20,424,449	\$136,487	\$13,512,093	\$153,000	\$ 6,912,356	\$(16,513)
2.	Percentage of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
3.	Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	\$20,424,449	\$136,487	\$13,512,093	\$153,000	\$ 6,912,356	\$(16,513)
4.	Percentage of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %
(b)	Does the Company's tax-planning strategies include the use of reinsurance?	Yes _____		No <u>  X  </u>			

**B.** The Company has no unrecognized deferred tax liabilities at December 31, 2021 and 2020.

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**C. Current income taxes incurred consist of the following major components:**

	(1)	(2)	(3)
	12/31/2021	12/31/2020	(Col 1-2) Change
(1) Current Income Tax			
(a) Federal	\$ 15,431,114	\$ 14,377,533	\$ 1,053,581
(b) Foreign	—	—	—
(c) Subtotal	15,431,114	14,377,533	1,053,581
(d) Federal income tax expense on net capital gains	(59,529)	661,220	(720,749)
(e) Utilization of capital loss carry-forwards	—	—	—
(f) Other	—	—	—
(g) Federal and foreign income taxes incurred	<u>\$ 15,371,585</u>	<u>\$ 15,038,753</u>	<u>\$ 332,832</u>
(2) Deferred Tax Assets:			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 403,505	\$ 304,920	\$ 98,585
(2) Unearned premium reserve	849,366	492,516	356,850
(3) Policyholder reserves	4,989,364	469,347	4,520,017
(4) Investments	—	—	—
(5) Deferred acquisition costs	—	—	—
(6) Policyholder dividends accrual	—	—	—
(7) Fixed assets	114,850	349,292	(234,442)
(8) Compensation and benefits accrual	186,278	170,462	15,816
(9) Pension accrual	—	—	—
(10) Receivables - nonadmitted	8,758,287	6,135,009	2,623,278
(11) Net operating loss carry-forward	—	—	—
(12) Tax credit carry-forward	—	—	—
(13) Other (including items <5% of total ordinary tax assets)	18,050	161	17,889
(14) Accrued future expenses	3,084,433	3,938,551	(854,118)
(15) Rent Abatement § 467 Adj. Lease Exp.	2,020,316	1,651,835	368,481
(99) Subtotal	<u>20,424,449</u>	<u>13,512,093</u>	<u>6,912,356</u>
(b) Statutory valuation allowance adjustment	—	—	—
(c) Nonadmitted	—	—	—
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	<u>20,424,449</u>	<u>13,512,093</u>	<u>6,912,356</u>
(e) Capital			
(1) Investments	136,487	153,000	(16,513)
(2) Net capital loss carry-forward	—	—	—
(3) Real estate	—	—	—
(4) Other (including items <5% of total capital tax assets)	—	—	—
(99) Subtotal	<u>136,487</u>	<u>153,000</u>	<u>(16,513)</u>
(f) Statutory valuation allowance adjustment	—	—	—
(g) Nonadmitted	—	—	—
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	<u>136,487</u>	<u>153,000</u>	<u>(16,513)</u>
(i) Admitted deferred tax assets (2d + 2h)	<u>\$ 20,560,936</u>	<u>\$ 13,665,093</u>	<u>\$ 6,895,843</u>
(3) Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	\$ —	\$ —	\$ —
(2) Fixed assets	—	—	—
(3) Deferred and uncollected premium	—	—	—
(4) Policyholder reserves	—	—	—
(5) Other (including items <5% of total ordinary tax liabilities)	25,835	29,018	(3,183)
(6) Discount of coordination of benefits	4,351	4,299	52
(7) Prepaid expenses	11,904,036	13,721,680	(1,817,644)
(99) Subtotal	<u>11,934,222</u>	<u>13,754,997</u>	<u>(1,820,775)</u>
(b) Capital			
(1) Investments	—	—	—
(2) Real estate	—	—	—
(3) Other (including items <5% of total capital tax liabilities)	—	—	—
(4) Section 166 Partial Worthlessness	98,897	98,897	—
(99) Subtotal	<u>98,897</u>	<u>98,897</u>	<u>—</u>
(c) Deferred tax liabilities (3a99 + 3b99)	<u>12,033,119</u>	<u>13,853,894</u>	<u>(1,820,775)</u>
(4) Net deferred tax assets/liabilities (2i - 3c)	<u>\$ 8,527,817</u>	<u>\$ (188,801)</u>	<u>\$ 8,716,618</u>

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**D.** The Company's income tax expense and change in deferred income taxes differs from the amount obtained by applying the federal statutory income tax rate of 21% for the year ended December 31 as follows:

	2021	2020
Tax expense computed using federal statutory rate	\$ 9,365,308	\$ 14,727,223
ACA health insurer fee	—	4,017,905
Change in nonadmitted assets	(2,380,430)	(1,193,509)
Tax exempt income and dividend received deduction net of proration	(254,006)	(202,533)
Prior year true-up and adjustments	(132,526)	(286,294)
Tax settlements and contingencies	—	(2,914,404)
Other, net	1,053	38,089
Total	\$ 6,599,399	\$ 14,186,477
Federal income taxes incurred	\$ 15,371,585	\$ 15,038,753
Change in net deferred income taxes	(8,772,186)	(852,276)
Total statutory income taxes	\$ 6,599,399	\$ 14,186,477

**E. Operating loss carryforwards:**

(1) The Company has no operating loss carryforwards and no tax credit carryforwards as of December 31, 2021 or 2020.

(2) The following are income taxes incurred in the current and prior year(s) that will be available for recoupment in the event of future net losses:

	Ordinary		Capital		Total
2021	\$ 11,042,052	\$	—	\$	11,042,052
2020	22,337,580		661,220		22,998,800
2019	N/A		40,210		40,210

(3) The Company has no protective tax deposits reported as admitted assets under Section 6603 of the Internal Revenue Service Code as of December 31, 2021 and 2020.

**F.** The following companies will be included in the consolidated federal income tax return with their parent Anthem, Inc. ("Anthem") as of December 31, 2021 and either are current members of the consolidated tax sharing agreement or are in the process of being added to the consolidated tax sharing agreement. Allocation of federal income taxes with affiliates subject to the tax sharing agreement is based upon separate income tax return calculations with credit for net losses that can be used on a consolidated basis. Pursuant to this agreement, the Company has the enforceable right to recoup federal income taxes paid in prior years in the event of future losses, which it may incur, or to recoup its net losses carried forward as an offset to future net income subject to federal income taxes. Intercompany income tax balances are settled based on the Internal Revenue Service due dates.

Alliance Care Management, LLC	Designated Agent Company, Inc.
American Imaging Management, Inc.	EHC Benefits Agency, Inc.
America's 1st Choice of South Carolina, Inc.	Empire HealthChoice Assurance, Inc.
America's Health Management Services, Inc.	Empire HealthChoice HMO, Inc.
AMERIGROUP Community Care of New Mexico, Inc.	Federal Government Solutions, LLC
AMERIGROUP Corporation	FHC Health Systems, Inc.
Amerigroup Delaware, Inc.	Freedom Health, Inc.
Amerigroup District of Columbia, Inc.	Golden West Health Plan, Inc.
Amerigroup Health Plan of Louisiana, Inc.	Health Core, Inc.
Amerigroup Insurance Company	Health Management Corporation
AMERIGROUP Iowa, Inc.	Healthkeepers, Inc.
AMERIGROUP Maryland, Inc.	HealthLink HMO, Inc.
Amerigroup Mississippi, Inc.	HealthLink, Inc.

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AMERIGROUP New Jersey, Inc.	HealthLink Insurance Company
AMERIGROUP Ohio, Inc.	HealthPlus HP, LLC
Amerigroup Oklahoma, Inc.	HealthSun Health Plan, Inc.
Amerigroup Pennsylvania, Inc.	Healthy Alliance Life Insurance Company
AMERIGROUP Tennessee, Inc.	HEP AP Holdings, Inc.
AMERIGROUP Texas, Inc.	HMO Colorado, Inc.
AMERIGROUP Washington, Inc.	HMO Missouri, Inc.
AMGP Georgia Managed Care Company, Inc.	IEC Group Holdings, Inc.
Anthem Blue Cross Life and Health Insurance Company	IEC Group, Inc. d/b/a AmeriBen
Anthem Financial, Inc.	Imaging Management Holdings, LLC
Anthem Health Plans of Kentucky, Inc.	IngenioRx, Inc.
Anthem Health Plans of Maine, Inc.	Legato Health Technologies U.S., Inc.
Anthem Health Plans of New Hampshire, Inc.	Legato Holdings I, Inc.
Anthem Health Plans of Virginia, Inc.	Living Complete Technologies, Inc.
Anthem Health Plans, Inc.	Massachusetts Behavioral Health Partnership
Anthem Holding Corp.	Matthew Thornton Health Plan, Inc.
Anthem Insurance Companies, Inc.	Missouri Care, Incorporated
Anthem Kentucky Managed Care Plan, Inc.	myNEXUS Holdings, Inc.
Anthem Southeast, Inc.	myNEXUS, Inc.
Anthem UM Services, Inc.	myNEXUS Management, Inc.
Anthem, Inc.	Nash Holding Company, LLC
Arcus Enterprises, Inc.	National Government Services, Inc.
Aspire Health, Inc.	New England Research Institutes, Inc.
Associated Group, Inc.	Optimum Healthcare, Inc.
Beacon Health Financing, LLC	OPTIONS Health Care, Inc.
Beacon Health Options Care Services, Inc.	Park Square Holdings, Inc.
Beacon Health Options Holdco, Inc.	Park Square I, Inc.
Beacon Health Options, Inc.	Park Square II, Inc.
Beacon Health Options of California, Inc.	Resolution Health, Inc.
Beacon Health Options of Ohio, Inc.	RightCHOICE Managed Care, Inc.
Beacon Health Options of Pennsylvania, Inc.	Rocky Mountain Hospital and Medical Service, Inc.
Beacon Health Vista Parent, Inc.	SellCore, Inc.
BHS IPA, LLC	Simply Healthcare Plans, Inc.
Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	Southeast Services, Inc.
Blue Cross Blue Shield of Wisconsin	State Sponsored Services, Inc.
Blue Cross of California	The Anthem Companies, Inc.
Blue Cross of California Partnership Plan, Inc.	The Anthem Companies of California, Inc.
CareMarket, Inc.	TrustSolutions, LLC
CareMore Health IPA of New York, Inc.	UNICARE Health Plan of West Virginia, Inc.
CareMore Health Plan	UNICARE Illinois Services, Inc.
CareMore Health Plan of Arizona, Inc.	UNICARE Life & Health Insurance Company
CareMore Health Plan of Nevada, Inc.	UNICARE National Services, Inc.
CareMore Health Plan of Texas, Inc.	UNICARE Specialty Services, Inc.
CareMore Health System	Value Health Reinsurance, Inc.
Cerulean Companies, Inc.	ValueOptions Federal Services, Inc.
CHCS IPA, Inc.	ValueOptions of Kansas, Inc.
Claim Management Services, Inc.	ValueOptions of New Jersey, Inc.
Community Care Health Plan of Kansas, Inc.	ValueOptions Texas, Inc.
Community Care Health Plan of Nebraska, Inc.	Valus, Inc.
Community Care Health Plan of Nevada, Inc.	WellPoint California Services, Inc.
Community Insurance Company	WellPoint Dental Services, Inc.
CompCare Health Services Insurance Corporation	WellPoint Health Solutions, Inc.
Crossroads Acquisition Corp.	WellPoint Holding Corporation
DBG Holdings, Inc.	WellPoint Information Technology Services, Inc.
DeCare Analytics, LLC	WellPoint Insurance Services, Inc.
DeCare Dental Health International, LLC	WellPoint Military Care Corporation

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DeCare Dental Networks, LLC  
 DeCare Dental, LLC

ZipDrug, Inc.

**G. Not applicable.**

**H. Repatriation Transition Tax (RTT)**

Not applicable.

**I. Alternative Minimum Tax (AMT) Credit**

Not applicable.

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

**A. Nature of the Relationship**

The Company is a Maine domiciled stock insurance company and is a wholly-owned subsidiary of ATH Holding Company, LLC (“ATH Holding”) which is a wholly-owned subsidiary of Anthem, a publicly traded company.

**B. Significant Transactions for Each Period**

The following significant transactions took place between the Company and its affiliates:

The Board of Directors of the Company declared an ordinary dividend in the amount of \$35,000,000 on December 15, 2021. The Company paid the dividend to its parent company, ATH Holding, on December 28, 2021.

The Board of Directors of the Company declared an ordinary dividend in the amount of \$71,900,000 on December 18, 2020. The Company paid the dividend to its parent company, ATH Holding, on December 28, 2020.

**C. Transactions with Related Parties who are not Reported on Schedule Y**

The Company has no transactions with related parties who are not reported on Schedule Y.

**D. Amounts Due to or from Related Parties**

At December 31, 2021, the Company reported \$54,436,870 due from affiliates. At December 31, 2021, the Company reported no amounts due to affiliates. At December 31, 2020, the Company reported no amounts due from affiliates. At December 31, 2020, the Company reported \$24,453,232 due to affiliates. The receivable and payable balances represent intercompany transactions that will be settled in accordance with the settlement terms of the intercompany agreement.

Following is a summary of transactions between the Company and various affiliates during the years:

	2021	2020
<b>The Anthem Companies Inc.</b>		
Payroll and Employee Administrative Services	\$ 60,478,841	\$ 57,616,279
<b>Anthem, Inc.</b>		
Federal Income Tax Payments	10,439,152	16,897,443
Corporate Services	19,965,248	17,244,231
ACA Fee Assessment	—	19,132,878
Information Technology Services	4,936,526	7,155,482



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<b>Anthem Insurance Companies, Inc.</b>		
Information Technology Services	1,547	648
Corporate/Shared Services	606,801	354,617
<b>WellPoint Information Technology Services, Inc.</b>		
Information Technology Services	4,215,559	3,866,429
Corporate Services	188,069	26,540
<b>Blue Cross of California</b>		
Corporate Services	74,852	64,008
Information Technology Services	40	88
<b>Anthem Health Plans, Inc.</b>		
Claims Processing	2,210	176,603
Corporate Services	14,675	5,381
<b>Anthem Health Plans of New Hampshire, Inc.</b>		
Corporate Services	43,063	26,787
<b>Anthem Health Plans of Virginia, Inc.</b>		
Information Technology Services	8,746	11,476
Corporate Services	(16,622)	(683)
<b>Costs allocated from various affiliates not listed above</b>	1,782,592	3,587,710
<b>Total Schedule Y, Part 2, Column 8</b>	<u>\$ 102,741,299</u>	<u>\$ 126,165,917</u>

**E. Management and Service Contracts and Cost Sharing Arrangements**

The Company has entered into administrative services agreements with its affiliated companies. Pursuant to these agreements, various administrative, management and support services are provided to or provided by the Company. The costs and expenses related to these administrative management and support services are allocated to or allocated by the Company in an amount equal to the direct and indirect costs and expenses incurred in providing these services. Costs include expenses such as salaries, employee benefits, information technology, pharmacy benefits administration, communications, advertising, consulting services, rent, utilities, billing, accounting, underwriting, and product development, which support the Company's operations. These costs are allocated based on various utilization statistics.

In addition, the Company is party to the Fair Market Value ("FMV") Services Attachment, to the master administrative services agreement with affiliates, the costs and expenses related to certain care management and other services are allocated to or allocated by the Company in an amount equal to the fair market value of the services provided. These costs are allocated based on various utilization statistics.

The Company is party to a cash concentration agreement with its affiliated companies. Under this agreement, any of the Company's affiliates may be designated as a cash manager to handle the collection and/or payment of funds on behalf of the Company. Conversely, the Company may be designated as a cash manager to handle the collection and/or payment of funds on behalf of its affiliates. Cash services covered under this agreement include the collection of premiums and other revenue, the collection of benefit and administrative expense reimbursements, the payment of policy benefits, payroll expense, general and administrative expense, and accounts payable disbursements.

**F. Guarantees or Contingencies for Related Parties**

The Company did not enter into guarantees or undertakings for the benefit of an affiliate which would result in a material contingent exposure of the Company's or any affiliated insurer's assets or liabilities.

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**G. Nature of Control Relationships that Could Affect Operations or Financial Position**

ATH Holding owns all outstanding shares of the Company. The Company's ultimate parent is Anthem.

**H. Amount Deducted for Investment in Upstream Company**

The Company does not own shares of upstream intermediate entities or Anthem.

**I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets**

At December 31, 2021 and 2020, the Company did not have investments in affiliates.

**J. Write-down for Impairments of Investments in Subsidiaries, Controlled or Affiliated ("SCA") Companies**

Not applicable.

**K. Investment in a Foreign Insurance Subsidiary**

The Company does not have investments in foreign insurance subsidiaries.

**L. Investment in Downstream Non-insurance Holding Companies**

The Company does not have investments in downstream non-insurance holding companies.

**M. All SCA Investments**

The Company has no SCA Investments.

**N. Investment in Insurance SCAs**

The Company does not have investments in Insurance SCAs.

**O. SCA or SSAP 48 Entity Loss Tracking**

The Company does not have losses on investments in Insurance SCAs and/or joint ventures, partnerships or LLCs.

**11. Debt**

**A. Capital Notes and Other Debt**

The Company had no capital notes or other debt outstanding at December 31, 2021 and 2020.

**B. FHLB (Federal Home Loan Bank) Agreements**

The Company had no FHLB agreements outstanding at December 31, 2021 and 2020.

**C. All Other Debt**

The Company had no other debt outstanding at December 31, 2021 and 2020.

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

**A. Defined Benefit Plan**

Not applicable - See Note 12G.

**B.** Not applicable - See Note 12G.

**C.** Not applicable - See Note 12G.

**D.** Not applicable - See Note 12G.

**E. Defined Contribution Plans**

Not applicable - See Note 12G.

**F. Multiemployer Plans**

The Company does not participate in a multiemployer plan.

**G. Consolidated/Holding Company Plans**

The Company participates in frozen non-contributory defined benefit pension plans sponsored by ATH Holding, covering most employees of Anthem and its subsidiaries. ATH Holding allocates a share of the total accumulated costs of the plans to the Company based on the number of allocated employees. The Company has no legal obligation for benefits under these plans.

The Company participates in a postretirement medical benefit plan, sponsored by ATH Holding, providing certain health, life, vision and dental benefits to eligible retirees. ATH Holding allocates a share of the total accumulated costs of this plan to the Company based on the number of allocated employees. The Company has no legal obligation for benefits under this plan.

The Company participates in a nonqualified deferred compensation plan sponsored by Anthem which covers certain employees once the participant reaches the maximum contribution amount for the Anthem 401(k) Plan (the "401(k) Plan"). The deferred amounts are payable according to the terms and subject to the conditions of the deferred compensation plan. Anthem allocates a share of the total accumulated costs of this plan to the Company based on the number of allocated employees subject to the deferred compensation plan. The Company has no legal obligation for benefits under this plan.

The Company participates in the 401(k) Plan, sponsored by ATH Holding and covering substantially all employees. Voluntary employee contributions are matched by ATH Holding subject to certain limitations. ATH Holding allocates a share of the total accumulated costs of this plan to the Company based on the number of allocated employees. The Company has no legal obligation for benefits under this plan.

The Company participates in a stock incentive compensation plan, sponsored by Anthem, providing incentive awards to non-employee directors and employees, consisting of Anthem stock options, restricted stock, restricted stock units, stock appreciation rights, performance shares, and performance units. Anthem allocates a share of the total share-based compensation expense of this plan to the Company based on the number of allocated employees. The Company has no legal obligation for benefits under this plan.

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During 2021 and 2020, the Company was allocated the following costs or (credits) for these retirement benefits:

	<b>2021</b>	<b>2020</b>
Defined benefit pension plan	\$ (139,094)	\$ (280,699)
Postretirement medical benefit plan	(83,456)	(99,100)
Deferred compensation plan	16,228	18,110
Defined contribution plan	1,228,199	1,262,641
Stock incentive compensation plan	1,473,859	1,537,675

**H. Post Employment Benefits and Compensated Absences**

Not applicable.

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

Not applicable.

**13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations**

**A. Outstanding Shares**

As of December 31, 2021, the Company has 2,500 shares of \$1,000 par value common stock authorized, issued and outstanding.

**B. Preferred Stock**

The Company has no preferred stock outstanding.

**C. Dividend Restrictions**

Under Maine law, the Company is limited in the amount of dividends that can be declared without regulatory approval. The Superintendent of Insurance must approve any dividend that, together with all dividends declared during the preceding twelve months, exceeds the greater of the net gain from operations for the twelve-month period ending December 31 of the preceding year or 10% of the Company's surplus to policyholders as of December 31 of the preceding year as long as unassigned surplus is positive. Also, any dividend paid from other than unassigned funds will need the approval of the Superintendent of Insurance.

**D. Dividends Paid**

See Footnote 10B.

**E. Maximum Ordinary Dividend During 2022**

Within the limitations of (C) above, the Company may pay \$29,225,123 in ordinary dividends during 2022 without restrictions, other than state notification requirements.

**F. Unassigned Surplus Restrictions**

Unassigned surplus funds are not restricted at December 31, 2021.

**G. Mutual Surplus Advances**

Not applicable.

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**H. Company Stock Held for Special Purpose**

There are no shares of stock held for special purposes at December 31, 2021.

**I. Changes in Special Surplus Funds**

The change in balances of special surplus funds from the prior year are due to changes in the amounts segregated for the deferred gain on the Company's sale-leaseback transaction.

**J. Changes in Unassigned Funds**

The portion of unassigned funds represented by cumulative unrealized investment gains and losses was (\$199,297) at December 31, 2021.

**K. Surplus Notes**

The Company has not issued any surplus notes or debentures or similar obligations.

**L. Restatement due to Prior Quasi-reorganizations**

The Company had no restatements due to prior quasi-reorganizations.

**M. Quasi-reorganizations over Prior 10 Years**

The Company has not been involved in a quasi-reorganization during the past 10 years.

**14. Liabilities, Contingencies and Assessments**

**A. Contingent Commitments**

The Company had no contingent commitments at December 31, 2021 or 2020.

**B. Assessments**

(1) The Company is subject to guaranty fund and other assessments by the state in which it writes business. Guaranty fund assessments are accrued at the time of insolvencies. Other assessments are accrued either at the time of the assessment or at the time the losses are incurred.

(2) Guaranty Fund Assets Recognized Reconciliation

a. Guaranty fund assets recognized from paid and accrued premium tax offsets and policy surcharges prior year-end	\$	153,623
b. Decreases current year:		
Policy surcharges collected		—
Policy surcharges charged off		—
Premium tax offset applied		33,429
c. Increases current year:		
Policy surcharges recognized		—
Premium tax offset recognized		—
d. Guaranty fund assets recognized from paid and accrued premium tax offsets and policy surcharges current year-end	<u>\$</u>	<u>120,194</u>

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(3) Guaranty Fund Liabilities and Assets Related to Insolvencies of Entities That Wrote Long-Term Care Contracts

a. Discount Rate Applied 3.5%

b. The Undiscounted and Discounted Amount of the Guaranty Fund Assessments and Related Assets by Insolvency:

Name of the Insolvency	Guaranty Fund Assessment		Related Assets	
	Undiscounted	Discounted	Undiscounted	Discounted
Penn Treaty Network America Insurance Company and its subsidiary, American Network Insurance Company (collectively "Penn Treaty")	\$ 272,124	\$ 189,026	\$ 166,979	\$ 120,194

c. Number of Jurisdictions, Ranges of Years Used to Discount and Weighted Average Number of Years of the Discounting Time Period for Payables and Recoverables by Insolvency:

Name of the Insolvency	Payables			Recoverables		
	Number of Jurisdictions	Range of Years	Weighted Average Number of Years	Number of Jurisdictions	Range of Years	Weighted Average Number of Years
Penn Treaty	1	1 - 16	8.5	1	1 - 22	7.9

**C. Gain Contingencies**

The Company has no gain contingencies at December 31, 2021 or 2020.

**D. Claims-Related Extra Contractual Obligation and the Bad Faith Losses Stemming From Lawsuits**

Not applicable.

**E. Joint and Several Liabilities**

Not applicable.

**F. All Other Contingencies**

***Guaranty fund assessments***

The National Organization of Life & Health Insurance Guaranty Associations, or NOLHGA, is a voluntary organization consisting of the state life and health insurance guaranty associations located throughout the U.S. Such associations, working together with NOLHGA, provide a safety net for their state's policyholders, ensuring that they continue to receive coverage, subject to state maximum limits, even if their insurer is declared insolvent. Under insolvency or guaranty association laws, insurance companies can be assessed for amounts paid by guaranty funds for policyholder losses incurred when an insurance company becomes insolvent. State insolvency or guaranty association laws currently provide for assessments based upon the amount of premiums received on insurance underwritten within such state (with a minimum amount payable even if no premium is received). Under these guaranty association laws, assessments are made retrospectively.

In March 2017, long term care insurance writers Penn Treaty Network America Insurance Company and its subsidiary American Network Insurance Company, (collectively "Penn Treaty"), were ordered to be liquidated by the Pennsylvania state court, which had

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jurisdiction over the Penn Treaty rehabilitation proceeding. The Company and other insurers have paid state guaranty association assessments and may be obligated to pay additional assessments to cover Penn Treaty policyholder claims. Payment of these assessments are largely recovered through premium tax credits over future years.

***Litigation and regulatory proceedings***

Blue Cross Blue Shield Antitrust Litigation

Anthem is a defendant in multiple lawsuits that were initially filed in 2012 against the BCBSA and Blue Cross and/or Blue Shield licensees (“Blue Plans”) across the country. Cases filed in twenty-eight states were consolidated into a single, multi-district proceeding captioned *In re Blue Cross Blue Shield Antitrust Litigation* that is pending in the United States District Court for the Northern District of Alabama (the “Court”). Generally, the suits allege that the BCBSA and the Blue plans have conspired to horizontally allocate geographic markets through license agreements, best efforts rules that limit the percentage of non-Blue revenue of each plan, restrictions on acquisitions, rules governing the BlueCard<sup>®</sup> and National Accounts program and other arrangements in violation of the Sherman Antitrust Act (“Sherman Act”), and related state laws. The cases were brought by two putative nationwide classes of plaintiffs, health plan subscribers and providers.

In April 2018, the Court issued an order on the parties’ cross motions for partial judgment, determining that the defendants’ aggregation of geographic market allocations and output restrictions are to be analyzed under a per se standard of review, and the BlueCard<sup>®</sup> program and other alleged Section 1 Sherman Act violations are to be analyzed under the rule of reason standard of review. The Court also found that there remain genuine issues of material fact as to whether defendants operate as a single entity with regard to the enforcement of the Blue Cross Blue Shield trademarks. In April 2019, plaintiffs filed motions for class certification, which defendants opposed.

The BCBSA and Blue plans have approved a settlement agreement and release (the “Subscriber Settlement Agreement”), with the subscriber plaintiffs. If approved by the Court, the Subscriber Settlement Agreement will require defendants to make a monetary settlement payment, Anthem’s portion of which is estimated to be \$594,000,000 and will contain certain non-monetary terms including (i) eliminating the “national best efforts” rule in the BSBSA license agreements (which rule limits the percentage of non-Blue revenue permitted for each Blue plan) and (ii) allowing for some large national employers with self-funded benefit plans to request a bid for insurance coverage from a second Blue plan in addition to the local Blue plan. As of December 31, 2021, the liability balance accrued for Anthem’s estimated payment obligation was \$507,000,000, net of payments made. The Company recorded its estimated portion of the Subscriber Settlement Agreement, net of third party insurance coverage, in 2020.

In November 2020, the Court issued an order preliminarily approving the Subscriber Settlement Agreement, following which members of the subscriber class were provided notice of the Subscriber Settlement Agreement and an opportunity to opt out of the class. All terms of the Subscriber Settlement Agreement are subject to final approval by the Court. The deadlines for objections to the settlement as well as the deadline for those who wish to opt-out from the settlement was in July 2021 and a small number of subscribers submitted valid opt outs by the deadline. The claims deadline was in November 2021 and an excess of eight thousand claims were submitted. A final approval hearing was held in October 2021. The Court took the request for approval under advisement and requested supplemental briefing that has been submitted. If the Court grants approval of the Subscriber Settlement Agreement, and after all appellate rights have expired or have been exhausted in a manner that affirms the Court’s final order and judgement, the defendants’

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payment and non-monetary obligations under the Subscriber Settlement Agreement will become effective.

In October 2020, after the Court lifted the stay as to the provider litigation, provider plaintiffs filed a renewed motion for class certification, which defendants opposed. In March 2021, the Court issued an order terminating the pending motion for class certification until the Court determines the standard of review applicable to the providers' claims. In May 2021, the defendants and provider plaintiffs filed renewed standard of review motions which are now fully briefed. In June 2021, the parties filed summary judgment motions not critically dependent on class certification which are now fully briefed. No decision has been rendered. Anthem intends to continue to vigorously defend the provider suit, which they believe is without merit; however, its ultimate outcome cannot be presently determined.

Express Scripts, Inc. Pharmacy Benefit Management Litigation

In March 2016, Anthem filed a lawsuit against Express Scripts, Inc. ("Express Scripts"), their vendor at the time for PBM services, captioned *Anthem, Inc. v. Express Scripts, Inc.*, in the U.S. District Court for the Southern District of New York. The lawsuit seeks to recover over \$14,800,000,000 in damages for pharmacy pricing that is higher than competitive benchmark pricing under the agreement between the parties (the "ESI PBM Agreement"), over \$158,000,000 in damages related to operational breaches, as well as various declarations under the ESI PBM Agreement, including that Express Scripts: (i) breached its obligation to negotiate in good faith and to agree in writing to new pricing terms; (ii) was required to provide competitive benchmark pricing to Anthem through the term of the ESI PBM Agreement; (iii) has breached the ESI PBM Agreement; and (iv) is required under the ESI PBM Agreement to provide post-termination services, at competitive benchmark pricing, for one year following any termination.

Express Scripts has disputed Anthem's contractual claims and is seeking declaratory judgments: (i) regarding the timing of the periodic pricing review under the ESI PBM Agreement, and (ii) that it has no obligation to ensure that Anthem receives any specific level of pricing, that Anthem has no contractual right to any change in pricing under the ESI PBM Agreement and that its sole obligation is to negotiate proposed pricing terms in good faith. In the alternative, Express Scripts claims that Anthem has been unjustly enriched by its payment of \$4,675,000,000 at the time they entered into the ESI PBM Agreement. In March 2017, the court granted Anthem's motion to dismiss Express Scripts' counterclaims for (i) breach of the implied covenant of good faith and fair dealing, and (ii) unjust enrichment with prejudice. The only remaining claims are for breach of contract and declaratory relief. In August 2021, ESI filed a motion for summary judgment, which Anthem opposed. Express Scripts' motion for summary judgment is now fully briefed and no decision has been rendered. Anthem intends to vigorously pursue their claims and defend against any counterclaims, which they believe are without merit; however, the ultimate outcome cannot be presently determined.

In re Express Scripts/Anthem ERISA Litigation

Anthem is a defendant in a class action lawsuit that was initially filed in June 2016 against Anthem, Inc. and Express Scripts, which has been consolidated into a single multi-district lawsuit captioned *In Re Express Scripts/Anthem ERISA Litigation*, in the U.S. District Court for the Southern District of New York. The consolidated complaint was filed by plaintiffs against Express Scripts and Anthem on behalf of all persons who are participants in or beneficiaries of any ERISA or non-ERISA healthcare plan from December 1, 2009 to December 31, 2019 in which Anthem provided prescription drug benefits through the ESI PBM Agreement and paid a percentage based co-insurance payment in the course of using that prescription drug benefit. The plaintiffs allege that Anthem breached their duties, either under ERISA or with respect to the implied covenant of good faith and fair dealing implied in the health plans, (i) by failing to



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adequately monitor Express Scripts' pricing under the ESI PBM Agreement, (ii) by placing their own pecuniary interest above the best interests of their insureds by allegedly agreeing to higher pricing in the ESI PBM Agreement in exchange for the purchase price for their NextRx PBM business, and (iii) with respect to the non-ERISA members, by negotiating and entering into the ESI PBM Agreement that was allegedly detrimental to the interests of such non-ERISA members. Plaintiffs seek to hold Anthem and Express Scripts jointly and severally liable and to recover all losses suffered by the proposed class, equitable relief, disgorgement of alleged ill-gotten gains, injunctive relief, attorney's fees and costs and interest.

In April 2017, Anthem filed a motion to dismiss the claims brought against them, and it was granted, without prejudice, in January 2018. Plaintiffs filed a notice of appeal with the United States Court of Appeals for the Second Circuit (the "Second Circuit"), which was heard in October 2018. In December 2020, the Court affirmed the trial court's decision dismissing the ERISA complaint. Plaintiffs filed a Petition for Rehearing and Rehearing En Banc, which was denied. Plaintiffs filed a writ of certiorari with the United States Supreme Court, which Anthem opposed, and the plaintiffs have replied. In December 2021, the United States Supreme Court requested that the Solicitor General submit a brief "expressing the views of the United States" as to whether the Court should grant plaintiffs' writ. Anthem intends to vigorously defend this suit, which they believe is without merit; however, its ultimate outcome cannot be presently determined.

#### Medicare Risk Adjustment Litigation

In March 2020, the U.S. Department of Justice ("DOJ") filed a civil lawsuit against Anthem, Inc. in the U.S. District Court for the Southern District of New York in a case captioned *United States v. Anthem, Inc.* The DOJ's suit alleges, among other things, that Anthem falsely certified the accuracy of the diagnosis data they submitted to the Centers for Medicare and Medicaid Services ("CMS") for risk-adjustment purposes under Medicare Part C and knowingly failed to delete inaccurate diagnosis codes. The DOJ further alleges that, as a result of these purported acts, Anthem caused CMS to calculate the risk-adjustment payments based on inaccurate diagnosis information, which enabled Anthem to obtain unspecified amounts of payments in Medicare funds in violation of the False Claims Act. The DOJ filed an amended complaint in July 2020, alleging the same causes of action but revising some of its allegations. In September 2020, Anthem filed a motion to transfer the lawsuit to the Southern District of Ohio, a motion to dismiss part of the lawsuit, and a motion to strike certain allegations in the amended complaint. The motions are fully briefed and no decision has been rendered. Anthem intends to continue to vigorously defend this suit, which they believe is without merit; however, the ultimate outcome cannot be presently determined.

#### ***Other Contingencies***

From time to time, the Company is party to various legal proceedings, many of which involve claims for coverage encountered in the ordinary course of business. The Company, like HMOs and health insurers generally, exclude certain healthcare and other services from coverage under our HMO, PPO, and other plans. The Company is, in the ordinary course of business, subject to the claims of our enrollees arising out of decisions to restrict or deny reimbursement for uncovered services. The loss of even one such claim, if it results in a significant punitive damage award, could have a material adverse effect on the Company. In addition, the risk of potential liability under punitive damage theories may increase significantly the difficulty of obtaining reasonable reimbursement of coverage claims.

In addition to the lawsuits described above, the Company is also involved in other pending and threatened litigation of the character incidental to their business, and is from time to time involved as a party in various governmental investigations, audits, reviews and administrative proceedings. These investigations, audits, reviews and administrative

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proceedings include routine and special inquiries by state insurance departments, state attorneys general, the U.S. Attorney General and subcommittees of the U.S. Congress. Such investigations, audits, reviews and administrative proceedings could result in the imposition of civil or criminal fines, penalties, other sanctions and additional rules, regulations or other restrictions on the Company's business operations. Any liability that may result from any one of these actions, or in the aggregate, could have a material adverse effect on the Company's financial position or results of operations.

The Company has no other known material contingencies.

***Provisions for uncollectible amounts***

At December 31, 2021 and 2020, the Company reported admitted assets of \$155,445,117 and \$147,154,621, respectively, in premium receivables and receivables due from uninsured plans. Based upon the Company's experience, any uncollectible receivables are not expected to exceed \$26,132,354 that was nonadmitted at December 31, 2021; therefore, no additional provision for uncollectible amounts has been recorded. The potential for any additional loss is not believed to be material to the Company's financial condition.

**15. Leases**

**A. Lessee Operating Lease**

(1) The Company leases office space, office equipment, EDP equipment, and software under various noncancelable operating leases. Certain leases have the right to renew. There are no escalation clauses for any lease. Related lease expense for 2021 and 2020 was \$1,323,977 and \$1,668,676, respectively.

During the third quarter of 2020, the Company reevaluated its future office space needs and determined that it would permanently cease use of space under certain operating leases. At December 31, 2021 and 2020, the Company has recorded a liability for lease exit costs of \$9,373,962 and \$8,054,016, respectively.

(2) At December 31, 2021, the minimum aggregate rental commitments are as follows:

	<u>Year Ending December 31</u>	<u>Operating Leases</u>
1	2022	\$ 1,837,660
2	2023	1,837,660
3	2024	1,837,660
4	2025	1,837,660
5	2026	1,837,660
6	Total	<u>\$ 9,188,300</u>

(3)

- a. During 2015, the Company entered into a sale-leaseback transaction with an unaffiliated entity to lease the South Portland, Maine building for 12 years.
- b. Not applicable.

**B. Lessor Leases**

(1) The Company has not entered into any operating leases.

(2) The Company has not entered into any leveraged leases.

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

The Company has no significant financial instruments with off-balance sheet risk.

Financial instruments that potentially subject the Company to concentrations of credit risk consist primarily of investment securities. All investment securities are managed by professional investment managers within policies authorized by the board of directors. Such policies limit the amounts that may be invested in any one issuer and prescribe certain investee company criteria. As of December 31, 2021, there were no significant concentrations.

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

**A. Transfers of Receivables Reported as Sales**

Not applicable at December 31, 2021 and 2020.

**B. Transfer and Servicing of Financial Assets**

(1) The Company participates in a securities lending program whereby marketable securities in its investment portfolio are transferred to independent brokers or dealers. At December 31, 2021 the fair value of securities loaned was \$19,415,463 and the carrying value of securities loaned was \$18,969,024.

(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 the yield on the investments.

(2) At December 31, 2021 and 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 ("ASO") Plans**

The gain or (loss) from operations from ASO uninsured plans and the uninsured portion of partially insured plans during 2021 was:

	ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a. Net reimbursement for administrative expenses (including administrative fees) in excess of (less than) actual expenses	\$ 248,006	\$ (1,177,689)	\$ (929,683)
b. Total net other income or expenses (including interest paid to or received from plans)	—	—	—
c. Net gain or (loss) from operations	\$ 248,006	\$ (1,177,689)	\$ (929,683)
d. Total claim payment volume	\$ 32,790,710	\$ 18,707,961	\$ 51,498,671

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**B. Administrative Services Contract ("ASC") Plans**

The gain or (loss) from operations from ASC uninsured plans and the uninsured portion of partially insured plans during 2021 was:

	ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASC
a. Gross reimbursement for medical cost incurred	\$ 509,097,321	\$ —	\$ 509,097,321
b. Gross administrative fees accrued	32,672,174	—	32,672,174
c. Other income or expenses (including interest paid to or received from plans)	—	—	—
d. Gross expenses incurred (claims and administrative)	537,919,044	—	537,919,044
e. Total gain or (loss) from operations	<u>\$ 3,850,451</u>	<u>\$ —</u>	<u>\$ 3,850,451</u>

**C. Medicare or Other Similarly Structured Cost-Based Reimbursement Contract**

(1) The Company does not record revenue explicitly attributable to the cost share and reinsurance components of administered Medicare products.

(2)

Receivable from	Related to	2021	2020
Centers for Medicare and Medicaid Services	Cost share and reinsurance components of administered Medicare products	\$ 904	\$ 1,211,713
U.S. Department of Health and Human Services	Cost share and reinsurance components of administered commercial ACA products	\$ 1,029,876	\$ —
Uninsured plans	Uninsured business, not including pharmaceutical rebate receivables	\$ 78,299,602	\$ 74,572,159

(3) As no revenue is recorded in connection with the cost share and reinsurance components of the Company's Medicare and ACA products, the Company has recorded no allowances and reserves for the adjustment of recorded revenues and receivables.

(4) The Company has made no adjustment to revenue resulting from the audit of cost-reimbursement receivables related to revenues recorded in the prior period.

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

No premiums were written by managing general agents or third party administrators during the years ended December 31, 2021 and 2020.

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**20. Fair Value Measurements**

**A.**

(1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Bonds					
Industrial and misc	\$ —	\$1,820,541	\$ —	\$ —	\$1,820,541
Total bonds	\$ —	\$1,820,541	\$ —	\$ —	\$1,820,541
Total assets at fair value/NAV	\$ —	\$1,820,541	\$ —	\$ —	\$1,820,541

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

There are no investments in Level 3 as of December 31, 2021 and 2020.

(3) The Company's policy is to recognize transfers between Levels, if any, as of the beginning of the reporting period.

(4) Fair values of bonds are based on quoted market prices, where available. These fair values are obtained primarily from third party pricing services, which generally use Level 1 or Level 2 inputs, for the determination of fair value to facilitate fair value measurements and disclosures. Level 2 securities primarily include United States government securities, corporate securities, securities from states, municipalities and political subdivisions, mortgage-backed securities and certain other asset-backed securities. For securities not actively traded, the pricing services may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, broker quotes, benchmark yields, credit spreads, default rates and prepayment speeds. The Company has controls in place to review the pricing services' qualifications and procedures used to determine fair values. In addition, the Company periodically reviews the pricing services' pricing methodologies, data sources and pricing inputs to ensure the fair values obtained are reasonable.

Certain bonds, primarily corporate debt securities, are designated Level 3. For these securities, the valuation methodologies may incorporate broker quotes or discounted cash flow analyses using assumptions for inputs such as expected cash flows, benchmark yields, credit spreads, default rates and prepayment speeds that are not observable in the markets.

Cash equivalents primarily consist of highly rated money market funds or bonds with original maturities of three months or less. Due to the high ratings and short-term nature, these investments are designated as Level 1. The Company also holds bonds purchased with less than three months to maturity. Fair value of these bonds are based on quoted market prices obtained from third party pricing services which generally use Level 1 or Level 2 inputs.

There have been no significant changes in the valuation techniques during the current period.

**B. Fair Value Measurements Under Other Accounting Pronouncements**

Not applicable at December 31, 2021 and 2020.

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**C. Financial Instruments**

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$364,213,570	\$358,721,043	\$ —	\$363,201,990	\$ 1,011,580	\$ —	\$ —
Cash equivalents	5,599,903	5,599,853	—	5,599,903	—	—	—
Short-term investments	399,912	399,932	—	399,912	—	—	—
Securities lending collateral asset	19,854,188	19,853,982	—	19,854,188	—	—	—

**D. Not Practicable to Estimate Fair Value**

There are no financial instruments that were not practicable to estimate fair value.

**E. Investments Measured at Net Asset Value**

The Company has no investments measured at net asset value.

**21. Other Items**

**A. Unusual or Infrequent Items**

The spread of the COVID-19 virus caused significant financial market volatility, economic uncertainty, and interruptions to normal business activities. The ultimate impact to the Company is unknown, but management expects continued interruptions to day-to-day business activities, impacts to claim and premium activity, investment values, as well as possible impacts to liquidity.

In response to COVID-19, the Company provided premium credits to members enrolled in select individual and fully insured employer health plans. In addition, individuals in stand-alone and group dental plans also received a credit. For the year ended December 31, 2020, premium credits of \$2,681,286 were received by these policyholders and are netted against total revenues on the Statement of Revenue and Expenses.

**B. Troubled Debt Restructuring: Debtors**

Not applicable at December 31, 2021 and 2020.

**C. Other Disclosures**

Land is recorded at cost and other real estate is recorded at cost less accumulated depreciation. Depreciation is computed primarily using the straight-line method over the estimated useful lives of the assets. Real estate was not adjusted to market value at the date of purchase.

Assets in the amount of \$850,725 and \$698,005 at December 31, 2021 and 2020, respectively, were on deposit with government authorities or trustees as required by law.

The Company participates in the Federal Employee Health Benefits Program (“FEHBP”) with other Blue Cross Blue Shield Plans. This program includes a fully-insured experience-rated contract, commonly known as the FEP, between the OPM and BCBSA, which acts as an agent for the participating Blue Cross Blue Shield plans. In addition, each participating plan, including the Company, executes a contract with BCBSA which obligates each participating plan to underwrite FEP benefits in its service area.

FEP premium is earned when chargeable benefit costs, allowable expenses or retentions are incurred. Deferred premiums are recorded to offset the FEP liabilities for incurred claims but not reported and claims adjustment expenses that are due from the OPM, when the claims are ultimately paid. Premium rates are developed by BCBSA and negotiated

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with OPM annually. These rates determine the funds that will be available to the participating Blue Cross Blue Shield plans to provide insurance to Federal employees that enroll with the Blue Cross Blue Shield FEP. The excess of gross premiums for the life of the program over the charges for the life of the program on an accrual basis is accounted for as a rate stabilization reserve (commonly referred to as the special reserve), as required by the contract between OPM and BCBSA. Each year, OPM also allocates a portion of the premiums to a contingency reserve, which may be utilized by the participating plans in the event that annual premiums paid to the insurance carrier are insufficient or the rate stabilization reserve falls below certain levels prescribed by OPM. Premiums paid to the carrier and available to each participating Blue Cross Blue Shield plan, including the special reserve and the contingency reserve, are held at the U.S. Treasury, including amounts unused from prior periods. Any premiums that remain in the rate stabilization reserve upon termination of the BCBSA contract after the claims run-out and reimbursement of allowable administrative expenses would be returned to OPM for the benefit of the FEHBP. The FEP contract renews automatically each year unless written notice of termination is given by either party.

In accordance with the FEP contract, premium funds that exceed daily operating needs are held on behalf of the Company in letter of credit accounts at the U.S. Treasury to provide funding for claims, administrative expenses, and other charges to the contract. The Company, along with other Blue Cross Blue Shield plans who participate in the FEHBP contract, have an unrestricted right to draw funds being held in the U.S. Treasury, other than those allocated to the contingency reserve, for any valid claim or expense. If the balance of the special reserve is exhausted or falls below certain prescribed levels, OPM will transfer funds from the contingency reserve to the special reserve to the extent that funds are available in the contingency reserve. Amounts incurred in excess of the total reserves held at the U.S. Treasury for the FEP would not be reimbursed to the Company.

The Company has recorded its allocable share of the special reserve funds held in the U.S. Treasury as an asset, with an equivalent amount recorded as a rate stabilization reserve. These amounts are \$45,655,126 and \$62,873,170 as of December 31, 2021 and 2020, respectively, and are included in aggregate write-ins for other than invested assets and in health policy reserves in the accompanying balance sheets.

FEP represented approximately 59.1% and 35.9% of premiums receivable as of December 31, 2021 and 2020, respectively. FEP represented approximately 20.5% and 19.2% of net premiums written for the years ended December 31, 2021 and 2020, respectively.

**D. Business Interruption Insurance Recoveries**

The Company has reported no recoveries for business interruption for the years ended December 31, 2021 and 2020.

**E. State Transferable and Non-Transferable Tax Credits**

The Company did not have state transferable or non-transferable tax credits at December 31, 2021 and 2020.

**F. Subprime Mortgage-Related Risk Exposure**

(1) The Company's investment strategy of providing safety and preservation of capital, sufficient liquidity to meet cash flow requirements and the attainment of a competitive after-tax investment return is supported by a well diversified portfolio consisting of many different types of investments. The portion of the Company's investment portfolio with subprime mortgage-related risk exposure is relatively small in comparison to the overall investment portfolio, and consists mainly of investment

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grade securities with no exposure to collateralized debt obligations. All mortgage related investments are monitored closely as part of the quarterly investment review performed by the Anthem Investment Impairment Review Committee.

(2) The Company did not carry investments in subprime mortgage loans in its portfolio at December 31, 2021 or 2020.

(3) At December 31, 2021, the Company's subprime mortgage-related risk exposure is detailed below:

	Actual Cost	Book/ Adjusted Carrying Value (excluding interest)	Fair Value	Other-Than-Temporary Impairment Losses Recognized
a. Residential mortgage-backed securities	\$ —	\$ —	\$ —	\$ —
b. Commercial mortgage-backed securities	—	—	—	—
c. Collateralized debt obligations	—	—	—	—
d. Structured securities	3,035,514	3,035,456	3,012,223	—
e. Equity investments in SCAs	—	—	—	—
f. Other assets	—	—	—	—
g. Total	\$ 3,035,514	\$ 3,035,456	\$ 3,012,223	\$ —

(4) The Company did not underwrite Mortgage Guaranty or Financial Guaranty insurance coverage at December 31, 2021 or 2020.

**G. Retained Assets**

The Company does not have retained assets at December 31, 2021 and 2020.

**H. Insurance-Linked Securities Contracts**

Not applicable.

**I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy**

Not applicable.

**22. Events Subsequent**

Subsequent events have been considered through February 25, 2022 for the statutory statement issued on February 28, 2022. There were no events occurring subsequent to December 31, 2021 requiring recognition or disclosure.



**23. Reinsurance**

**A. Ceded Reinsurance Report**

**Section 1 - General Interrogatories**

- (1) Are any of the reinsurers that are listed in Schedule S as non-affiliated owned in excess of 10% or controlled, either directly or indirectly, by the Company or by any representative, officer, trustee, or director of the Company?

Yes ( ) No (X)

If yes, give full details.

- (2) Have any policies issued by the Company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled, directly or indirectly, by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes ( ) No (X)

If yes, give full details.

**Section 2 - Ceded Reinsurance Report - Part A**

- (1) Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes ( ) No (X)

If yes, give full details.

- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes ( ) No (X)

If yes, give full details.

**Section 3 - Ceded Reinsurance Report - Part B**

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate.

\$7,056,767

- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in

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force or which had existing reserves established by the Company as of the effective date of the agreement?

Yes ( ) No (X)

If yes, give full details.

**B. Uncollectible Reinsurance**

The Company has no uncollectible reinsurance at December 31, 2021 and 2020.

**C. Commutation of Ceded Reinsurance**

The Company has not commuted ceded reinsurance during 2021 and 2020.

**D. Certified Reinsurer Rating Downgraded or Status Subject Revocation**

The Company has no downgraded certified reinsurer ratings or status subject to revocations during 2021 and 2020.

**E. Reinsurance Credit**

(1) The Company has the following reinsurance contracts subject to Life and Health Reinsurance Agreements Model Regulation Appendix A-791 (“A-791”) that includes a provision which limits the reinsurer’s assumption of risks, such as a deductible, a loss ratio corridor, a loss cap, or an aggregate limit, as defined in A-791:

Name of Reinsurer	Number of contracts to which such provisions apply	Was Deposit Accounting Applied (Yes or No)
Maine Guaranteed Access Reinsurance Association	1	No

(2) Not applicable.

(3) Not applicable.

(4) Not applicable.

(5) Not applicable.

**24. Retrospectively Rated Contracts & Contracts Subject to Redetermination**

**A.** The Company sells accident and health policies for which the premiums vary based on loss experience. The Company estimates retrospective premium adjustments through the review of each retrospectively rated account, comparing the claim development with that anticipated in the policy contracts.

**B.** The Company records accrued retrospective premium as an adjustment to earned premium.

**C.** The amount of net premiums written by the Company at December 31, 2021 and 2020 that were subject to retrospective rating features was \$1,039,515,195 and \$1,064,718,234, respectively, which represented 91.9% and 91.4%, respectively, of the total net premiums written.

**D.** In accordance with the NAIC SAP, medical loss ratio rebates in accordance with the Federal 2010 Patient Protection and Affordable Care Act and Public Health Service Act (“ACA Act” or “ACA”), are to be reported in accordance with SSAP No. 66 - *Retrospectively Rated Contracts* (“SSAP No. 66”). A retrospectively rated contract is one

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that has the final policy premium calculated based on the loss experience of the insured during the term of the policy (including loss development after the term of the policy) and the stipulated formula set forth in the policy, or in the case of medical loss ratio rebates, a formula required by law. The Company based the incurred and unpaid liability amounts reported below based on its underwriting experience; actuarial, tax, and accounting estimates and assumptions at the financial statement date; as well as regulations and guidance available that is not final and subject to change prior to settlement. Accordingly, the Company's use of estimates and assumptions in the preparation of the statutory based financial statements and related footnote disclosures may differ from actual results. Hence, the amounts reported herein are for financial reporting purposes solely and not intended to be used for settlement purposes.

Medical loss ratio rebates accrued pursuant to the ACA Act are as follows:

	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Year Reporting:					
(1) Medical loss ratio rebates incurred	\$12,582,949	\$2,064,173	\$ —	\$ —	\$14,647,122
(2) Medical loss ratio rebates paid	6,271,356	—	—	—	6,271,356
(3) Medical loss ratio rebates unpaid	11,937,646	2,064,173	—	—	14,001,819
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	—
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	—
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	14,001,819
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$11,897,160	\$5,842,286	\$ —	\$ —	\$17,739,446
(8) Medical loss ratio rebates paid	16,013,403	4,116,729	—	—	20,130,132
(9) Medical loss ratio rebates unpaid	7,821,403	3,789,730	—	—	11,611,133
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	—
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	—
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$11,611,133

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**E. Risk-Sharing Provisions of the ACA**

(1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)?	<u>Yes</u>
(2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year	
a. Permanent ACA Risk Adjustment Program	
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)	\$ <u>1,180,514</u>
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ <u>118,438</u>
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premiums)	\$ <u>17,562,582</u>
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ <u>(11,692,808)</u>
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ <u>122,516</u>
b. Transitional ACA Reinsurance Program	
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$ <u>—</u>
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)	\$ <u>—</u>
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$ <u>—</u>
Liabilities	
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$ <u>—</u>
5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$ <u>—</u>
6. Liability for amounts held under uninsured plans contributions for ACA Reinsurance	\$ <u>—</u>
Operations (Revenue & Expense)	
7. Ceded reinsurance premiums due to ACA Reinsurance	\$ <u>—</u>
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$ <u>—</u>
9. ACA Reinsurance contributions - not reported as ceded premium	\$ <u>—</u>
c. Temporary ACA Risk Corridors Program	
Assets	
1. Accrued retrospective premium due to ACA Risk Corridors	\$ <u>—</u>
Liabilities	
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$ <u>—</u>
Operations (Revenue & Expense)	
3. Effect of ACA Risk Corridors on net premium income (paid/received)	\$ <u>—</u>
4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$ <u>—</u>

Line items where the amount is zero is due to no balance and/or no activity as of the reporting date.

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

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
	1	2	3	4	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)	
					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 (including high risk pool payments)	\$ 2,035,091	\$ —	\$ 3,223,034	\$ —	\$(1,187,943)	\$ —	\$ 1,187,943	\$ —	A	\$ —	\$ —
2. Premium adjustments (payable) (including high risk pool premiums)	\$ —	\$26,100,093	\$ —	\$21,849,501	\$ —	\$ 4,250,592	\$ —	\$(4,250,592)	B	\$ —	\$ —
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 2,035,091	\$26,100,093	\$ 3,223,034	\$21,849,501	\$(1,187,943)	\$ 4,250,592	\$ 1,187,943	\$(4,250,592)		\$ —	\$ —
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	C	\$ —	\$ —
2. Amounts recoverable for claims unpaid (contra liability)	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	D	\$ —	\$ —
3. Amounts receivable relating to uninsured plans	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	E	\$ —	\$ —
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	F	\$ —	\$ —
5. Ceded reinsurance premiums payable	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	G	\$ —	\$ —
6. Liability for amounts held under uninsured plans	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	H	\$ —	\$ —
7. Subtotal ACA Transitional Reinsurance Program	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —		\$ —	\$ —
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	I	\$ —	\$ —
2. Reserve for rate credits or policy experience rating refunds	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	J	\$ —	\$ —
3. Subtotal ACA Risk Corridors Program	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —		\$ —	\$ —
d. Total for ACA Risk Sharing Provisions	\$ 2,035,091	\$26,100,093	\$ 3,223,034	\$21,849,501	\$(1,187,943)	\$ 4,250,592	\$ 1,187,943	\$(4,250,592)		\$ —	\$ —

Explanations of Adjustments

- A Adjustments were made to reflect the ending balance in the Centers for Medicare & Medicaid Services "Summary Report on Permanent Risk Adjustment Transfers for the 2020 Benefit Year."
- B Adjustments were made to reflect the ending balance in the Centers for Medicare & Medicaid Services "Summary Report on Permanent Risk Adjustment Transfers for the 2020 Benefit Year."
- C Not applicable.
- D Not applicable.
- E Not applicable.
- F Not applicable.
- G Not applicable.
- H Not applicable.
- I Not applicable.
- J Not applicable.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Anthem Health Plans of Maine, Inc.  
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(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 December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Ref	Unsettled Balances as of the Reporting Date	
	1	2	3	4	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)
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a. 2014											
1. Accrued retrospective premium	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	A	\$ —	\$ —
2. Reserve for rate credits for policy experience rating refunds	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	B	\$ —	\$ —
b. 2015											
1. Accrued retrospective premium	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	C	\$ —	\$ —
2. Reserve for rate credits for policy experience rating refunds	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	D	\$ —	\$ —
c. 2016											
1. Accrued retrospective premium	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	E	\$ —	\$ —
2. Reserve for rate credits for policy experience rating refunds	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	F	\$ —	\$ —
d. Total for Risk Corridors	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —		\$ —	\$ —

Explanations 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 Amount	6 Net Admitted Asset (4 - 5)
a. 2014	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
b. 2015	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
c. 2016	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —
d. Total (a + b + c)	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —

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

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

**25. Change in Incurred Claims and Claim Adjustment Expenses**

- A. The estimated cost of claims and claim adjustment expense attributable to insured events of prior years decreased by \$8,021,687 during 2021. This is approximately 6.3% of unpaid claims and claim adjustment expenses of \$127,981,007 as of December 31, 2020. The redundancy reflects the decreases in estimated claims and claims adjustment expenses as a result of claims payment during the year, and as additional information is received regarding claims incurred prior to 2021. Recent claim development trends are also taken into account in evaluating the overall adequacy of unpaid claims and unpaid claim adjustment expense.
- B. There were no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses. The impact from COVID-19 on healthcare utilization and medical claims submission patterns has increased estimation uncertainty on our incurred but not reported liability at December 31, 2021. Slowdowns

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**NOTES TO FINANCIAL STATEMENTS**

in claims submission patterns and increases in utilization levels for COVID-19 testing and treatment during the fourth quarter of 2021 are the primary factors that lead to the increased estimation uncertainty.

**26. Intercompany Pooling Arrangements**

Not applicable at December 31, 2021 and 2020.

**27. Structured Settlements**

Not applicable at December 31, 2021 and 2020.

**28. Health Care Receivables**

**A. Pharmaceutical Rebate Receivables**

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2021	\$ 4,847,291	\$ 12,559,751	\$ 7,541,710	\$ —	\$ —
9/30/2021	4,658,006	11,930,081	10,740,071	—	—
6/30/2021	4,498,943	8,267,932	7,661,773	606,159	—
3/31/2021	5,786,448	12,447,077	11,395,030	1,052,047	—
12/31/2020	5,551,777	10,061,404	9,541,031	520,373	—
9/30/2020	8,192,911	9,655,749	8,520,126	1,135,623	—
6/30/2020	9,099,251	13,990,885	11,889,720	2,101,165	—
3/31/2020	15,768,522	19,236,921	18,495,878	741,043	—
12/31/2019	9,764,807	9,271,936	7,741,227	—	1,296,451
9/30/2019	11,418,791	8,176,345	7,398,830	22,460	1,123,759
6/30/2019	16,914,872	11,307,493	1,473,657	10,060,431	(256,465)
3/31/2019	16,981,743	11,104,730	1,427,623	9,536,022	14,524

**B. Risk Sharing Receivables**

Not applicable at December 31, 2021 and 2020.

**29. Participating Policies**

Not applicable at December 31, 2021 and 2020.

**30. Premium Deficiency Reserves**

The Company had no liabilities related to premium deficiency reserves as of December 31, 2021 and 2020.

**31. Anticipated Salvage and Subrogation**

The Company took into account estimated anticipated subrogation and other recoveries in its determination of the liability for unpaid claims and reduced the liability by \$707,000 and \$1,480,000 at December 31, 2021 and 2020, respectively.

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 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? ..... Yes [ X ] No [ ]  
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? ..... Yes [ X ] No [ ] N/A [ ]
- 1.3 State Regulating? ..... Maine
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [ X ] No [ ]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. .... 0001156039
- 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 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2017
- 3.2 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
- 3.3 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). .... 10/23/2019
- 3.4 By what department or departments?  
State of Maine Bureau of Insurance .....
- 3.5 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 ]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ X ] No [ ] N/A [ ]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business? ..... Yes [ ] No [ X ]  
4.12 renewals? ..... Yes [ ] No [ X ]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business? ..... Yes [ ] No [ X ]  
4.22 renewals? ..... Yes [ ] No [ X ]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [ X ]  
If yes, complete and file the merger history data file with the NAIC.
- 5.2 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 Name of Entity	2 NAIC Company Code	3 State of Domicile

- 6.1 Has the 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 ]
- 6.2 If yes, give full information: .....
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? ..... Yes [ ] No [ X ]
- 7.2 If yes,  
7.21 State the percentage of foreign control; ..... %  
7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1 Nationality	2 Type of Entity



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**GENERAL INTERROGATORIES**

- 8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]
- 8.2 If the response to 8.1 is yes, please identify the name of the DIHC.  
.....
- 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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

- 8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the reporting entity? ..... Yes [ ] No [ X ]
- 8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? ..... Yes [ ] No [ X ] N/A [ ]
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
Ernst & Young LLP, 111 Monument Circle, Suite 4000, Indianapolis, IN 46204 .....
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? ..... Yes [ ] No [ X ]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:  
.....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? ..... Yes [ ] No [ X ]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:  
.....
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? ..... Yes [ X ] No [ ] N/A [ ]
- 10.6 If the response to 10.5 is no or n/a, please explain  
.....
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Claudia Ellis, ASA, MAAA, Associate Actuary (employee), 2455 Mossy Branch Dr, Snellville, GA 30078 .....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? ..... Yes [ ] No [ X ]
- 12.11 Name of real estate holding company .....
- 12.12 Number of parcels involved .....
- 12.13 Total book/adjusted carrying value ..... \$ .....
- 12.2 If, yes provide explanation:  
.....
- 13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?  
.....
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? ..... Yes [ ] No [ ]
- 13.3 Have there been any changes made to any of the trust indentures during the year? ..... Yes [ ] No [ ]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? ..... Yes [ ] No [ ] N/A [ ]
- 14.1 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 [ ]
- 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.
- 14.11 If the response to 14.1 is No, please explain:  
.....
- 14.2 Has the code of ethics for senior managers been amended? ..... Yes [ ] No [ X ]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).  
.....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [ X ]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).  
.....

**GENERAL INTERROGATORIES**

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [ X ]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [ X ] No [ ]
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [ X ] No [ ]
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? Yes [ X ] No [ ]

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers.....\$ .....
  - 20.12 To stockholders not officers.....\$ .....
  - 20.13 Trustees, supreme or grand (Fraternal Only).....\$ .....
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers.....\$ .....
  - 20.22 To stockholders not officers.....\$ .....
  - 20.23 Trustees, supreme or grand (Fraternal Only).....\$ .....
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [ X ]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others.....\$ .....
  - 21.22 Borrowed from others.....\$ .....
  - 21.23 Leased from others.....\$ .....
  - 21.24 Other.....\$ .....
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [ X ] No [ ]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$ .....
  - 22.22 Amount paid as expenses.....\$ .....
  - 22.23 Other amounts paid.....\$ .....6,760,340
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ X ] No [ ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....\$ .....54,436,870
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes [ ] No [ X ]
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)

**INVESTMENT**

- 25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03)..... Yes [ X ] No [ ]

**GENERAL INTERROGATORIES**

- 25.02 If no, give full and complete information relating thereto  
.....
- 25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided) See Notes 5E and 17. ....
- 25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. .... \$ 19,853,982
- 25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. .... \$ .....
- 25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? ..... Yes  No  N/A
- 25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? ..... Yes  No  N/A
- 25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? ..... Yes  No  N/A
- 25.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:
- 25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. .... \$ 19,854,188
- 25.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. .... \$ 19,853,982
- 25.093 Total payable for securities lending reported on the liability page. .... \$ 19,853,982

- 26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). .... Yes  No
- 26.2 If yes, state the amount thereof at December 31 of the current year:
- 26.21 Subject to repurchase agreements ..... \$ .....
- 26.22 Subject to reverse repurchase agreements ..... \$ .....
- 26.23 Subject to dollar repurchase agreements ..... \$ .....
- 26.24 Subject to reverse dollar repurchase agreements ..... \$ .....
- 26.25 Placed under option agreements ..... \$ .....
- 26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock ..... \$ .....
- 26.27 FHLB Capital Stock ..... \$ .....
- 26.28 On deposit with states ..... \$ 850,725
- 26.29 On deposit with other regulatory bodies ..... \$ .....
- 26.30 Pledged as collateral - excluding collateral pledged to an FHLB ..... \$ .....
- 26.31 Pledged as collateral to FHLB - including assets backing funding agreements ..... \$ .....
- 26.32 Other ..... \$ .....

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....	.....	.....

- 27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? ..... Yes  No
- 27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes  No  N/A   
If no, attach a description with this statement.

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

- 27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? .. Yes  No
- 27.4 If the response to 27.3 is YES, does the reporting entity utilize:
- 27.41 Special accounting provision of SSAP No. 108 ..... Yes  No
- 27.42 Permitted accounting practice ..... Yes  No
- 27.43 Other accounting guidance ..... Yes  No
- 27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: ..... Yes  No
- The reporting entity has obtained explicit approval from the domiciliary state.
  - Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
  - Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
  - Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.
- 28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? ..... Yes  No
- 28.2 If yes, state the amount thereof at December 31 of the current year. .... \$ .....
29. 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  No
- 29.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
JP Morgan Chase Bank, N.A .....	383 Madison Ave, New York, NY 10179 .....

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Anthem Health Plans of Maine, Inc.

**GENERAL INTERROGATORIES**

29.02 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)
.....	.....	.....

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?..... Yes [ ] No [ X ]

29.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....	.....	.....	.....

29.05 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
Anthem, Inc. ....	I.....
Loomis, Sayles & Company, LP .....	U.....
Pacific Investment Management Company .....	U.....

29.0597 For those firms/individuals listed in the table for Question 29.05, 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 [ ]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [ X ] No [ ]

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
105377 .....	Loomis, Sayles & Company, LP .....	J1ZPN2RX3UMNOYID1313 .....	Securities Exchange Commission .....	NO.....
104559 .....	Pacific Investment Management Company .....	549300KGPYQZXGMYYN38 .....	Securities Exchange Commission .....	NO.....

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? ..... Yes [ ] No [ X ]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
.....	.....	.....
30.2999 - Total		0

30.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....	.....	.....	.....

## GENERAL INTERROGATORIES

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds .....	364,720,828	370,213,384	5,492,556
31.2 Preferred stocks .....	0		0
31.3 Totals	364,720,828	370,213,384	5,492,556

31.4 Describe the sources or methods utilized in determining the fair values:

Fair values were obtained from third-party pricing sources. If a security was not priced by a third-party pricing source, internal analytical systems or broker quotes were utilized. ....

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? ..... Yes [ X ] No [ ]

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? ..... Yes [ X ] No [ ]

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:  
N/A .....

33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [ X ] No [ ]

33.2 If no, list exceptions:  
.....

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of 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 ]

35. 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 ]

36. 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 ]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:  
 a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.  
 b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.  
 c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.  
 d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.  
 Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? ..... Yes [ ] No [ X ] N/A [ ]

## GENERAL INTERROGATORIES

### OTHER

38.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? .....\$ .....177,415

38.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
Blue Cross Blue Shield Association .....	177,415
.....	.....

39.1 Amount of payments for legal expenses, if any? .....\$ .....422,420

39.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Reed Smith LLP .....	132,537
.....	.....

40.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? .....\$ .....63,022

40.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
Preti Flaherty Beliveau Pachios LLP .....	54,663
.....	.....

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Anthem Health Plans of Maine, Inc.

Lobbying expenses disclosed reflect amounts reported in the Lobbyist Disclosure Reports filed with the Secretary of State as well as the cost of external contractors who provided lobbying services to the Company. The amount may include expenses that may have been paid by an affiliate on behalf of the Company and, as a result, may not be included in the Underwriting Gain reported on page 4 of the 2021 Annual Statement.

# GENERAL INTERROGATORIES

## PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? ..... Yes [ X ] No [ ]

1.2 If yes, indicate premium earned on U.S. business only. .... \$ 58,747,478

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? ..... \$

1.31 Reason for excluding  
.....

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above ..... \$

1.5 Indicate total incurred claims on all Medicare Supplement Insurance. .... \$ 45,387,126

1.6 Individual policies:

Most current three years:

1.61 Total premium earned ..... \$ 20,314,765

1.62 Total incurred claims ..... \$ 17,594,600

1.63 Number of covered lives ..... 9,176

All years prior to most current three years:

1.64 Total premium earned ..... \$ 38,432,713

1.65 Total incurred claims ..... \$ 27,792,526

1.66 Number of covered lives ..... 14,466

1.7 Group policies:

Most current three years:

1.71 Total premium earned ..... \$ 0

1.72 Total incurred claims ..... \$ 0

1.73 Number of covered lives ..... 0

All years prior to most current three years:

1.74 Total premium earned ..... \$ 0

1.75 Total incurred claims ..... \$ 0

1.76 Number of covered lives ..... 0

2. Health Test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator .....	1,131,726,413	1,151,371,473
2.2 Premium Denominator .....	1,131,726,413	1,151,371,473
2.3 Premium Ratio (2.1/2.2) .....	1.000	1.000
2.4 Reserve Numerator .....	312,868,703	302,894,648
2.5 Reserve Denominator .....	312,868,703	302,894,648
2.6 Reserve Ratio (2.4/2.5) .....	1.000	1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? ..... Yes [ ] No [ X ]

3.2 If yes, give particulars:  
.....

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? ..... Yes [ X ] No [ ]

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? ..... Yes [ ] No [ ]

5.1 Does the reporting entity have stop-loss reinsurance? ..... Yes [ ] No [ X ]

5.2 If no, explain:  
Anthem, Inc. has financial reserves available to cover catastrophic losses. Also see the response to question 6 below. ....

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical ..... \$

5.32 Medical Only ..... \$

5.33 Medicare Supplement ..... \$

5.34 Dental & Vision ..... \$

5.35 Other Limited Benefit Plan ..... \$

5.36 Other ..... \$

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:  
If the company becomes insolvent, Anthem, Inc. had agreed to the full extent of its assets, to assume all contractual and financial obligations of the Company. Effective November 30, 2018, the Company terminated the Insolvency Agreement with Anthem Insurance Companies, Inc. The majority of provider and professional contracts include Hold Harmless provisions. ....

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? ..... Yes [ X ] No [ ]

7.2 If no, give details  
.....

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year ..... 27,456

8.2 Number of providers at end of reporting year ..... 29,186

9.1 Does the reporting entity have business subject to premium rate guarantees? ..... Yes [ ] No [ X ]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months. .... \$

9.22 Business with rate guarantees over 36 months ..... \$



**GENERAL INTERROGATORIES**

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? ..... Yes  No

10.2 If yes:

10.21 Maximum amount payable bonuses ..... \$ 1,867,540

10.22 Amount actually paid for year bonuses ..... \$ 7,239,871

10.23 Maximum amount payable withholds ..... \$

10.24 Amount actually paid for year withholds ..... \$

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, ..... Yes  No

11.13 An Individual Practice Association (IPA), or, ..... Yes  No

11.14 A Mixed Model (combination of above)? ..... Yes  No

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? ..... Yes  No

11.3 If yes, show the name of the state requiring such minimum capital and surplus. .... Maine

11.4 If yes, show the amount required. .... \$ 56,281,085

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? ..... Yes  No

11.6 If the amount is calculated, show the calculation

250% of Health Risk-Based Capital Authorized Control Level (250% x \$22,512,434) .....

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
State of Maine .....
.....

13.1 Do you act as a custodian for health savings accounts? ..... Yes  No

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. .... \$

13.3 Do you act as an administrator for health savings accounts? ..... Yes  No

13.4 If yes, please provide the balance of funds administered as of the reporting date. .... \$

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? ..... Yes  No  N/A

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
.....	.....	.....	.....	.....	.....	.....

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1 Direct Premium Written ..... \$

15.2 Total Incurred Claims ..... \$

15.3 Number of Covered Lives .....

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary gurarantee)
Universal Life (with or without secondary gurarantee)
Variable Universal Life (with or without secondary gurarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes  No

16.1 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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Anthem Health Plans of Maine, Inc.

**FIVE-YEAR HISTORICAL DATA**

	1 2021	2 2020	3 2019	4 2018	5 2017
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	683,378,987	619,182,017	499,695,483	493,935,763	497,962,958
2. Total liabilities (Page 3, Line 24)	537,089,035	463,474,195	320,969,952	373,877,390	332,577,698
3. Statutory minimum capital and surplus requirement	56,281,085	38,008,613	64,130,795	53,949,260	68,473,518
4. Total capital and surplus (Page 3, Line 33)	146,289,952	155,707,822	178,725,531	120,058,373	165,385,260
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8)	1,166,425,411	1,109,882,018	1,169,038,959	991,739,739	1,139,542,290
6. Total medical and hospital expenses (Line 18)	1,025,317,502	908,584,293	987,243,900	852,080,007	998,869,272
7. Claims adjustment expenses (Line 20)	35,679,930	38,964,007	32,773,683	24,406,889	31,989,954
8. Total administrative expenses (Line 21)	68,667,646	103,632,394	64,431,037	69,256,197	61,119,570
9. Net underwriting gain (loss) (Line 24)	36,760,333	58,701,324	84,750,242	45,836,743	47,563,494
10. Net investment gain (loss) (Line 27)	8,204,822	11,219,838	9,665,637	10,391,698	8,454,429
11. Total other income (Lines 28 plus 29)	(308,918)	(452,748)	951,058	778,158	225,574
12. Net income or (loss) (Line 32)	29,225,123	55,090,881	71,985,728	58,641,784	37,741,037
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11)	115,093,727	139,929,170	120,768,229	(57,605,836)	86,955,567
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital	146,289,952	155,707,822	178,725,531	120,058,373	165,385,260
15. Authorized control level risk-based capital	22,512,434	15,203,445	25,652,318	21,579,704	27,389,407
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	407,540	393,293	393,941	361,759	382,011
17. Total members months (Column 6, Line 7)	4,864,236	4,737,356	4,685,438	4,312,662	4,670,930
<b>Operating Percentage</b> (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	87.9	81.9	84.4	85.9	87.7
20. Cost containment expenses	1.6	1.7	1.6	1.4	1.6
21. Other claims adjustment expenses	1.5	1.8	1.2	1.1	1.2
22. Total underwriting deductions (Line 23)	96.8	94.7	92.8	95.4	95.8
23. Total underwriting gain (loss) (Line 24)	3.2	5.3	7.2	4.6	4.2
<b>Unpaid Claims Analysis</b> (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	114,006,120	95,802,582	72,913,114	129,908,137	106,626,639
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	125,527,599	100,370,821	84,863,772	146,533,692	113,008,713
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0		
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0		
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [ ] No [ ]  
 If no, please explain: \_\_\_\_\_

**SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS**

**Allocated by States and Territories**

States, etc.	1 Active Status (a)	Direct Business Only									
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 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	911,920,977	(35,691)		232,357,520				1,144,242,806	
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	N								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	0	0
59. Subtotal	XXX	911,920,977	(35,691)	0	0	232,357,520	0	0	1,144,242,806	0	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX								0		0
61. Totals (Direct Business)	XXX	911,920,977	(35,691)	0	0	232,357,520	0	0	1,144,242,806	0	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	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0	0

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 1 R - Registered - Non-domiciled RRGs..... 0  
 E - Eligible - Reporting entities eligible or approved to write surplus lines in the state..... 0 Q - Qualified - Qualified or accredited reinsurer..... 0  
 N - None of the above - Not allowed to write business in the state..... 56

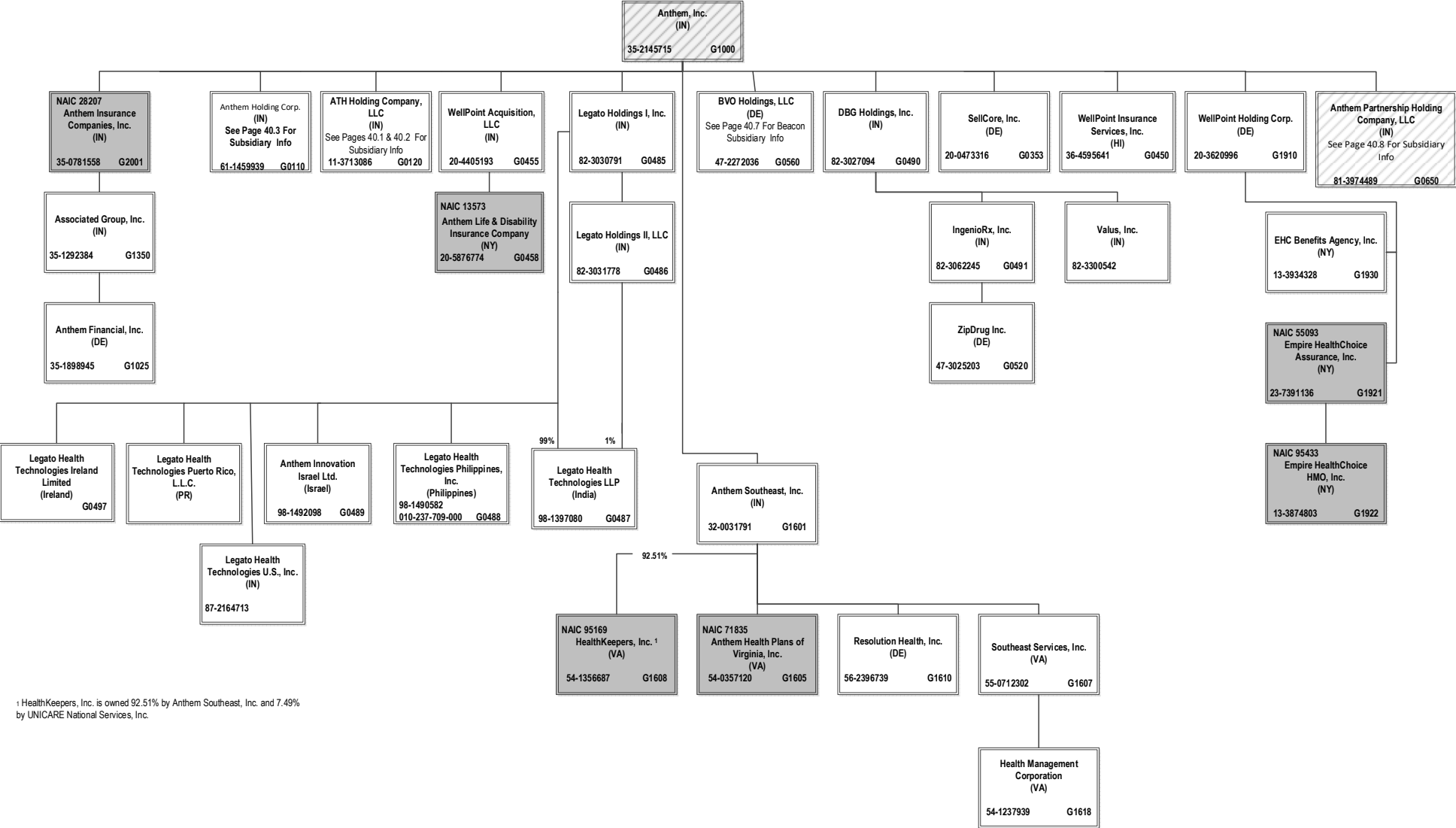
(b) Explanation of basis of allocation by states, premiums by state, etc.  
 Premium amounts are allocated based on residence of insured.

# SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

## PART 1 – ORGANIZATIONAL CHART

ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee



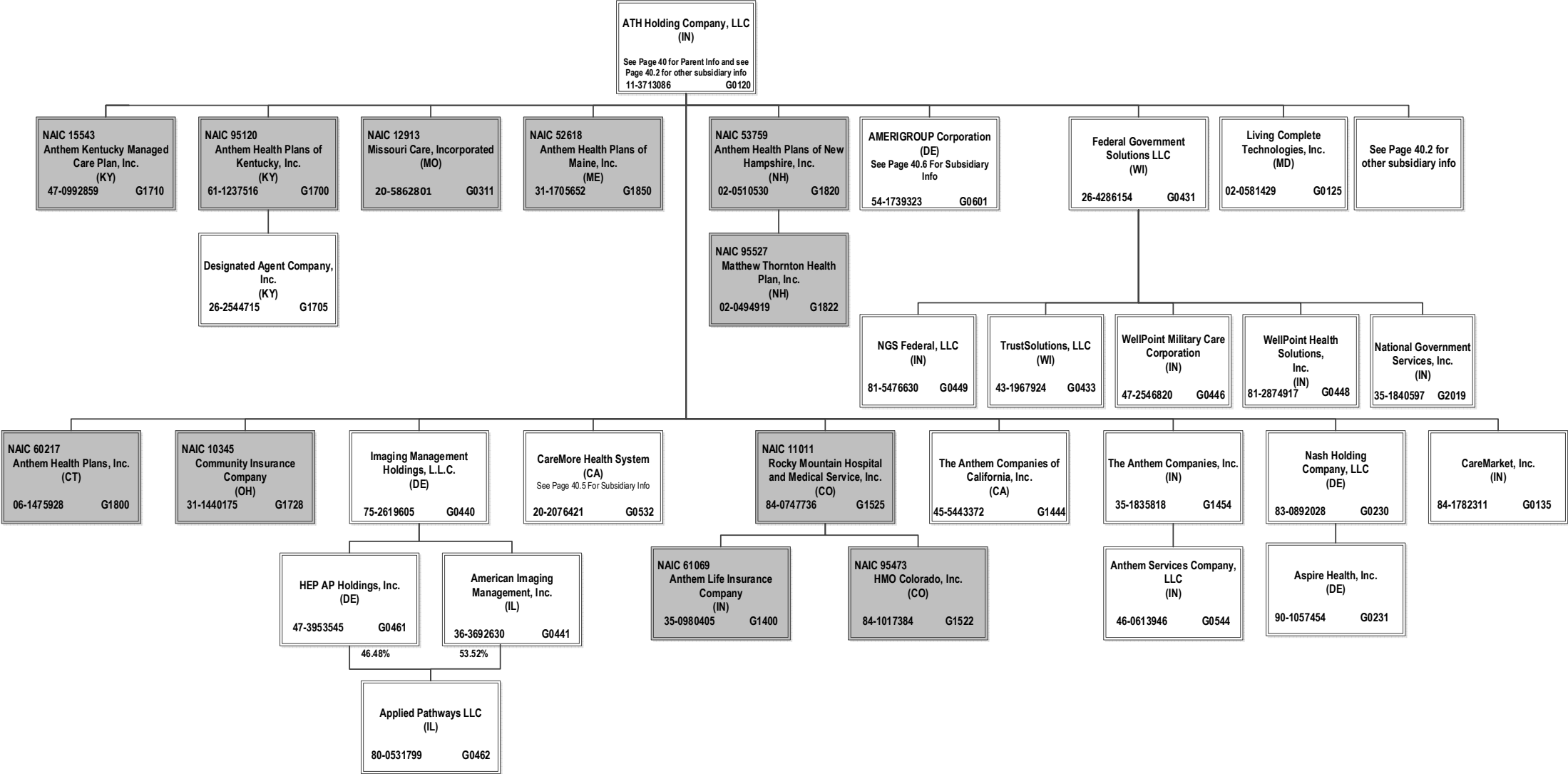
<sup>1</sup> HealthKeepers, Inc. is owned 92.51% by Anthem Southeast, Inc. and 7.49% by UNICARE National Services, Inc.

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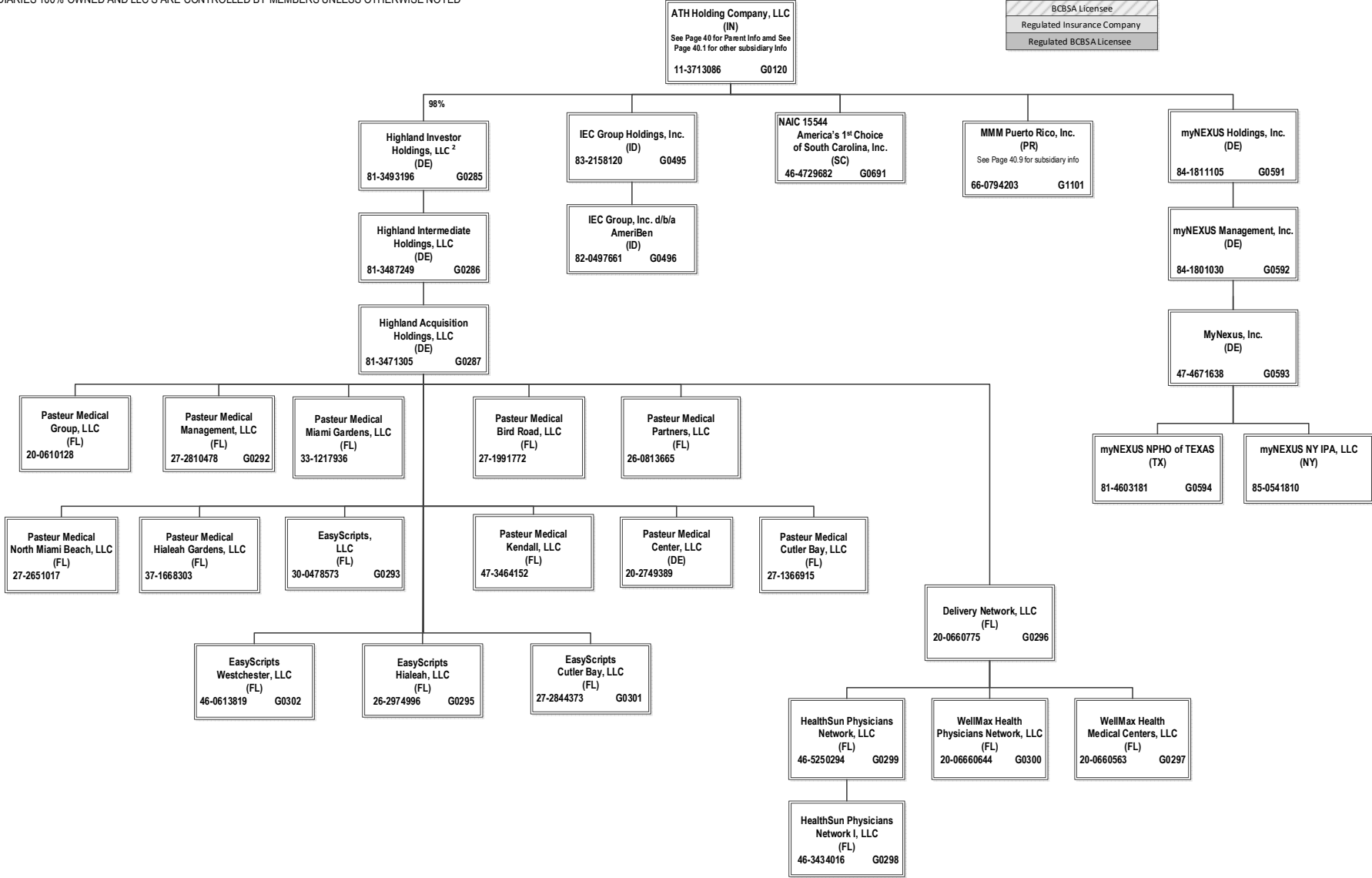
ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED



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ALL SUBSIDIARIES 100% OWNED AND LLC'S ARE CONTROLLED BY MEMBERS UNLESS OTHERWISE NOTED



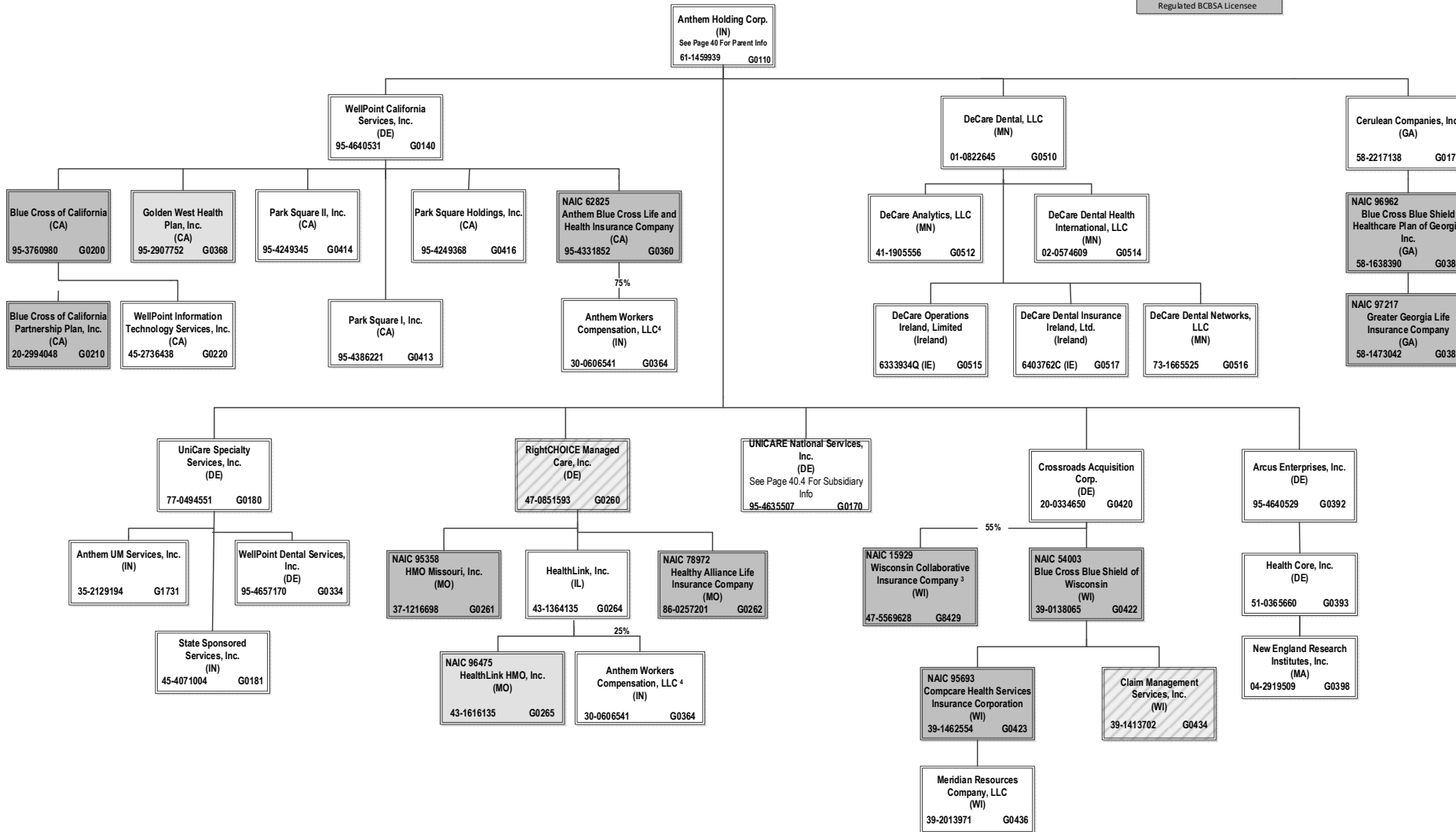
<sup>2</sup> ATH Holding Company, LLC holds a 98% interest in Highland Investor Holdings, LLC, and Amerigroup Corporation holds the remaining 2% interest.

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<sup>3</sup> Wisconsin Collaborative Insurance Company is a joint venture 55% owned by Crossroads Acquisition Corp. and 45% owned by Aurora Health Care, Inc. (non-affiliate). Not consolidated for accounting purposes.

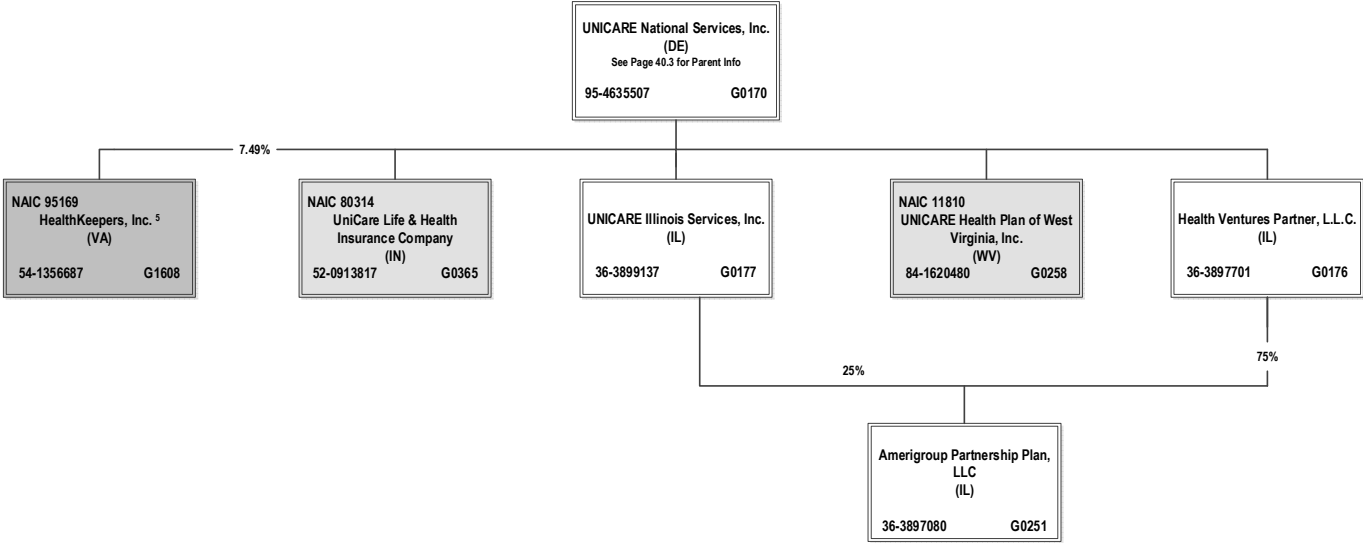
<sup>4</sup> Anthem Workers' Compensation, LLC is owned 75% by Anthem Blue Cross Life and Health Insurance Company and 25% by HealthLink, Inc.

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<sup>5</sup> HealthKeepers, Inc. is owned 92.51% by Anthem Southeast, Inc. and 7.49% by UNICARE National Services, Inc.

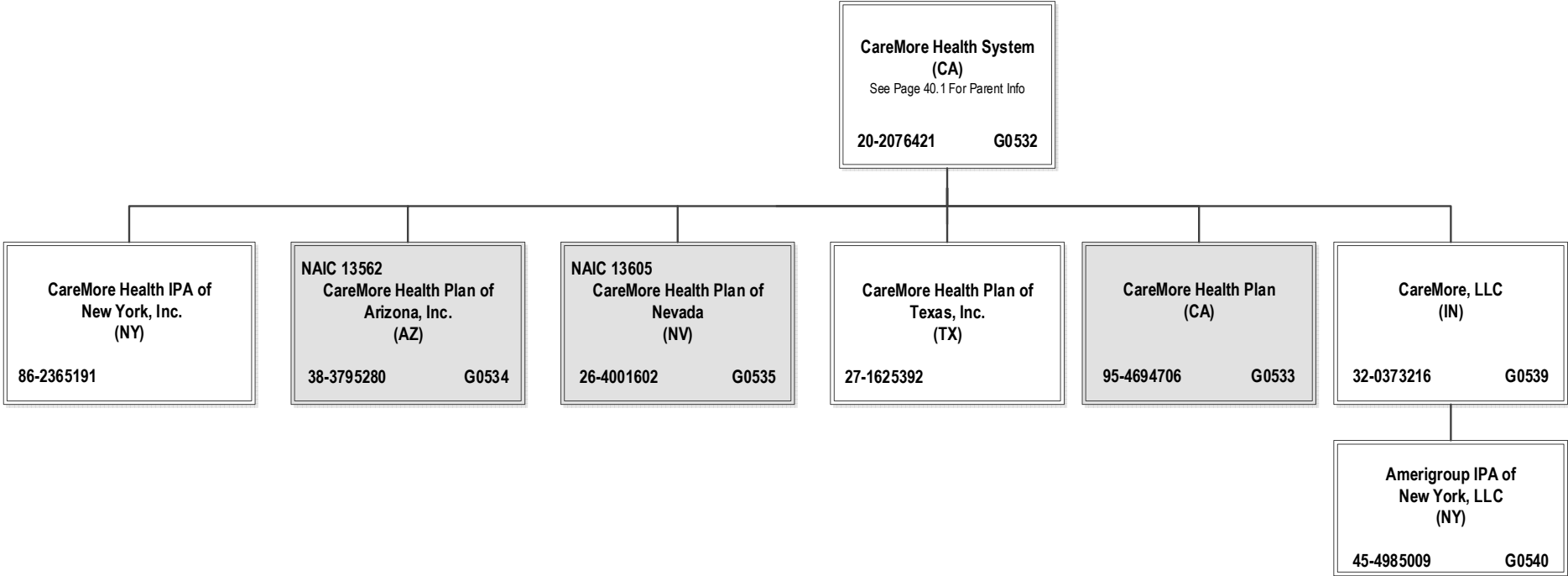


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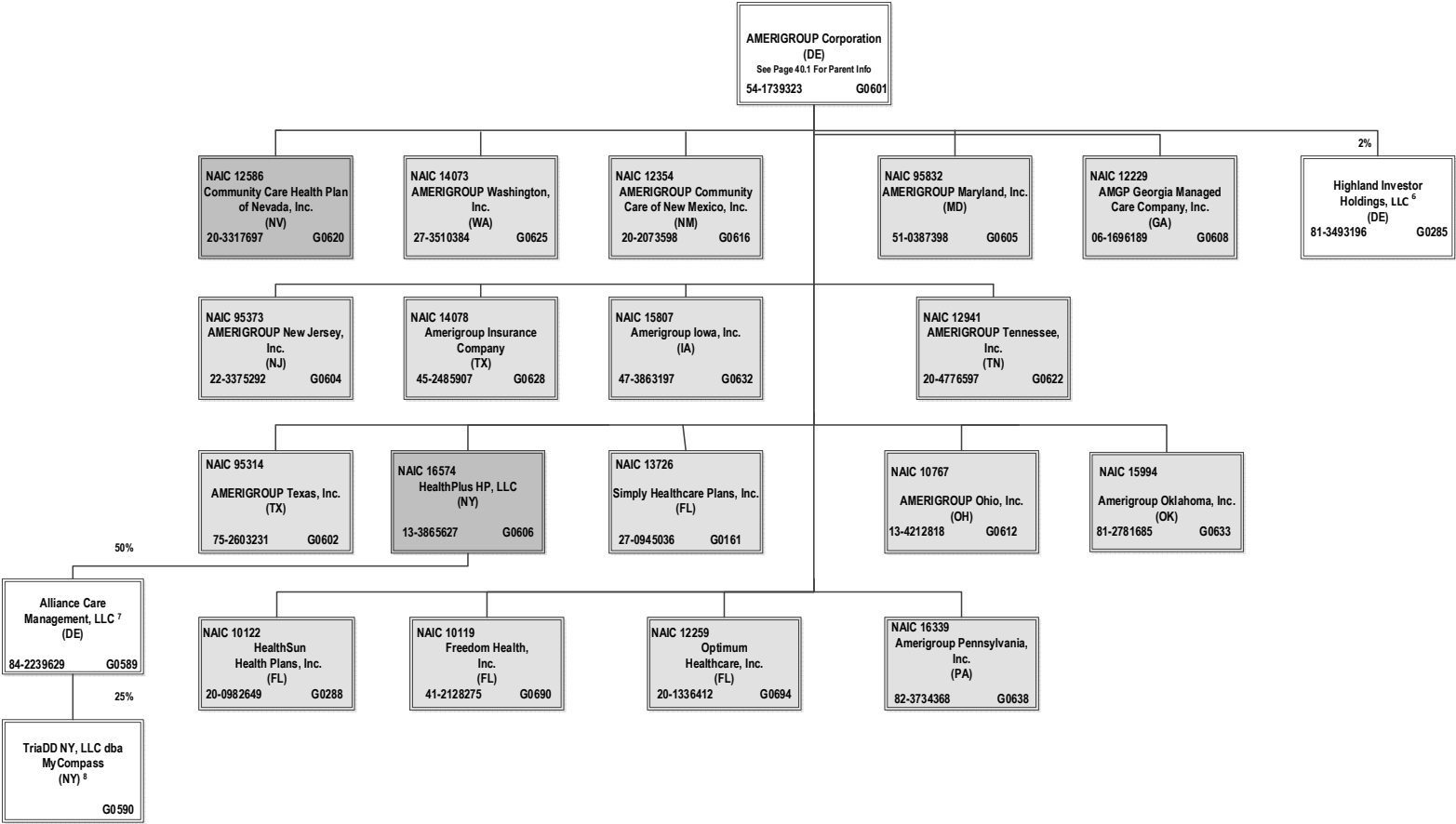


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<sup>6</sup> Amerigroup Corporation holds a 2% interest in Highland Investor Holdings, LLC, and ATH Holding Company, LLC holds the remaining 98% interest.

<sup>7</sup> Alliance Care Management, LLC is 50% owned by Beacon Health Options, Inc. and 50% owned by HealthPlus HP, LLC.

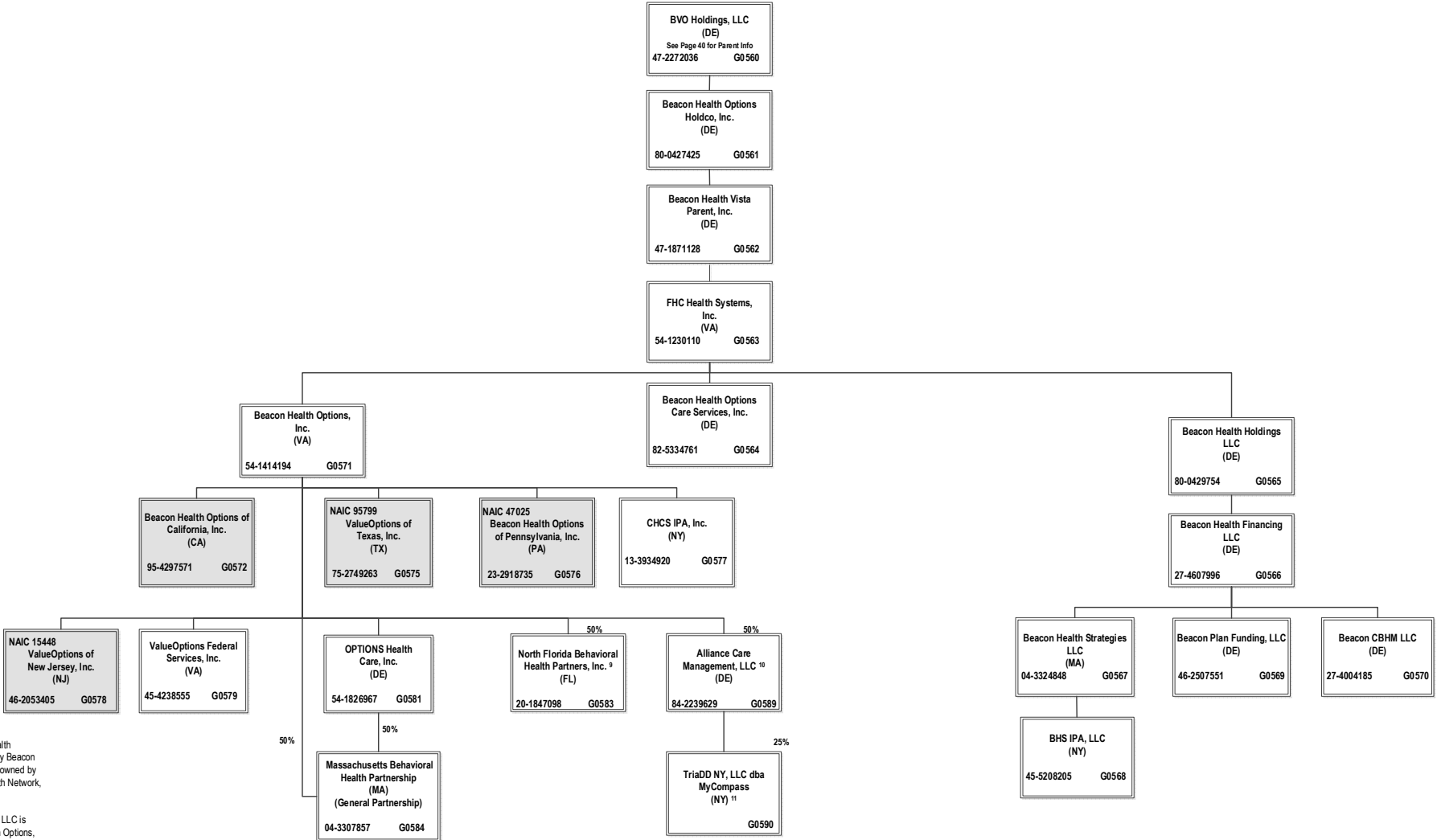
<sup>8</sup> TriADD NY, LLC dba MyCompass is 25% owned by Alliance Care Management, LLC and the remaining 75% interest is owned by unaffiliated investors.

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<sup>9</sup> North Florida Behavioral Health Partners, Inc. is 50% owned by Beacon Health Options, Inc. and 50% owned by North Florida Behavioral Health Network, Inc. (non-affiliate)

<sup>10</sup> Alliance Care Management, LLC is 50% owned by Beacon Health Options, Inc. and 50% owned by HealthPlus HP, LLC.

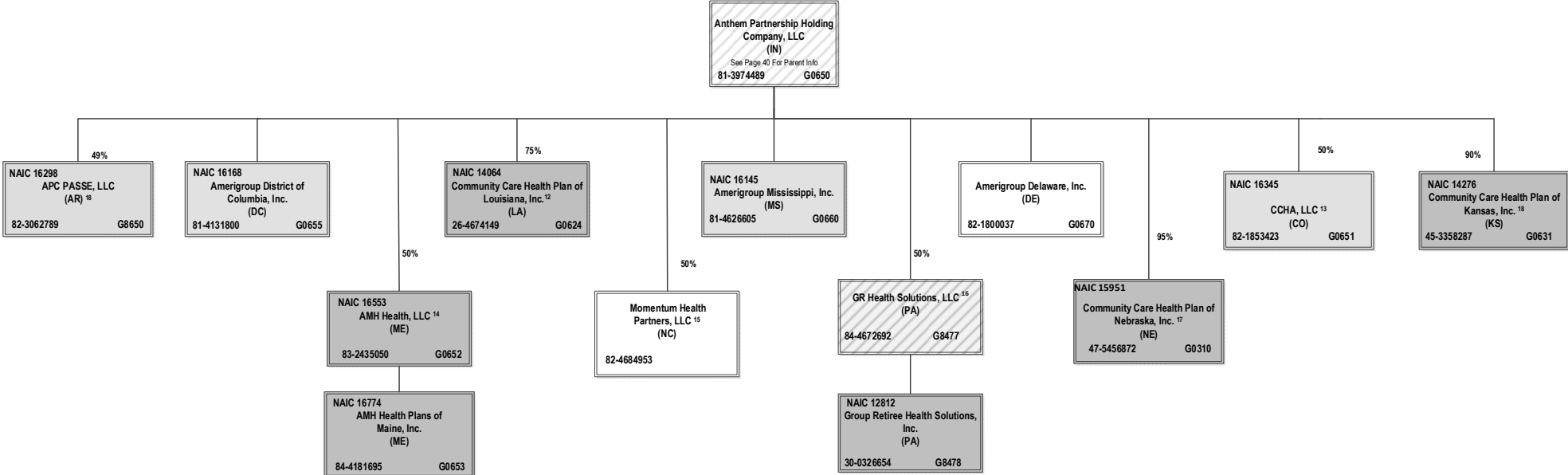
<sup>11</sup> TriADD NY, LLC dba MyCompass is 25% owned by Alliance Care Management, LLC and the remaining 75% interest is owned by unaffiliated investors.

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<sup>12</sup> Community Care Health Plan of Louisiana, Inc. is a joint venture 75% owned by Anthem Partnership Holding Company, LLC and 25% owned by Louisiana Health Service & Indemnity Company d/b/a Blue Cross and Blue Shield of Louisiana (non-affiliate)

<sup>13</sup> CCHA, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Colorado Community Health Alliance, LLC (non-affiliate)

<sup>14</sup> AMH Health, LLC is a joint venture 50% owned by MaineHealth (non-affiliate) and 50% owned by Anthem Partnership Holding Company, LLC

<sup>15</sup> Momentum Health Partners, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Blue Cross and Blue Shield of North Carolina (non-affiliate)

<sup>16</sup> GR Health Solutions, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Independence Blue Cross, LLC (non-affiliate)

<sup>17</sup> Community Care Health Plan of Nebraska, Inc. is a joint venture 95% owned by Anthem Partnership Holding Company, LLC and 5% owned by Blue Cross and Blue Shield of Nebraska, Inc. (non-affiliate).

<sup>18</sup> APC PASSE, LLC (regulated entity) is a joint venture 49% owned by Anthem Partnership Holding Company, LLC and 51% owned by Arkansas Provider Coalition, LLC (non-affiliate).

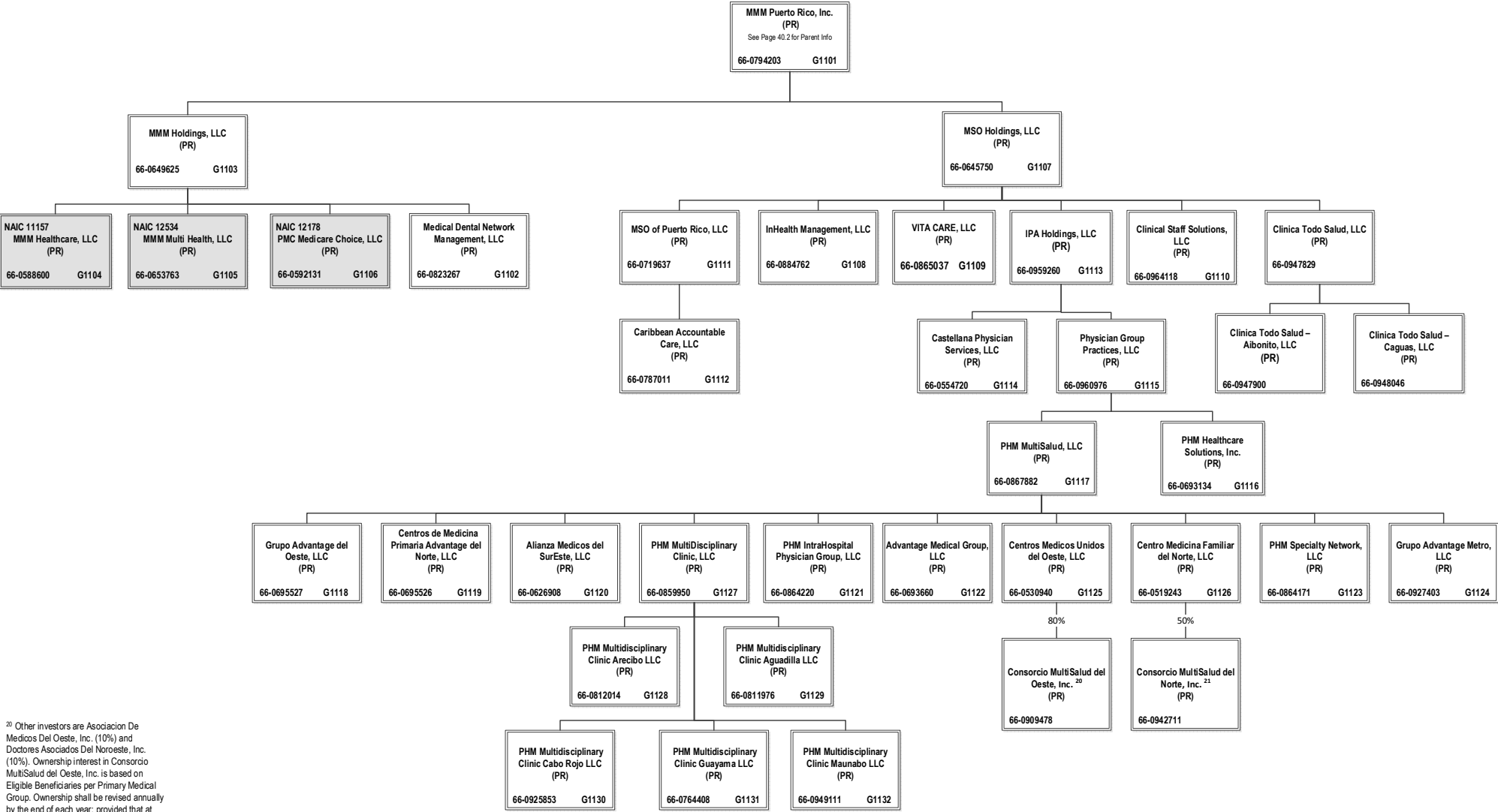
<sup>19</sup> Community Care Health Plan of Kansas, Inc. is a joint venture 90% owned by Anthem Partnership Holding Company, LLC, 5% owned by Blue Cross and Blue Shield of Kansas (non-affiliate) and 5% owned by Blue Cross and Blue Shield of Kansas City (non-affiliate).

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<sup>20</sup> Other investors are Asociacion De Medicos Del Oeste, Inc. (10%) and Doctores Asociados Del Noroeste, Inc. (10%). Ownership interest in Consortio MultiSalud del Oeste, Inc. is based on Eligible Beneficiaries per Primary Medical Group. Ownership shall be revised annually by the end of each year, provided that at least 10% shall remain with each PMG.

<sup>21</sup> Other 50% owned by ACO del Norte, LLC (non-affiliate)

**OVERFLOW PAGE FOR WRITE-INS**

Additional Write-ins for Assets Line 25

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols: 1 - 2)	4 Net Admitted Assets
2504. Prepaid expenses .....	608,240	608,240	0	0
2597. Summary of remaining write-ins for Line 25 from overflow page	608,240	608,240	0	0

Additional Write-ins for Liabilities Line 23

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
2304. Other liabilities .....	1,453,684		1,453,684	1,053,156
2305. Performance guarantee liability .....	900,217		900,217	483,511
2306. Blue Card liabilities .....	4,336		4,336	50,173
2397. Summary of remaining write-ins for Line 23 from overflow page	2,358,237	0	2,358,237	1,586,840