



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2024
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)
Maine

Organized under the Laws of _____, 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
(Street and Number)
South Portland, ME, US 04106-6911
(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
(Street and Number)
Indianapolis, IN, US 46204
(City or Town, State, Country and Zip Code) 800-331-1476
(Area Code) (Telephone Number)

Internet Website Address www.elevancehealth.com

Statutory Statement Contact Leigh Barrett, 317-432-6988
(Name) (Area Code) (Telephone Number)
leigh.barrett@elevancehealth.com 317-488-6200
(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>David Mark Jaffe</u>
<u>Scott Wayne Anglin</u>		

State of Indiana SS
County of Marion

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 s

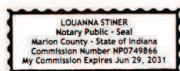
DocuSigned by: <u>Denise Finn McDonough</u> 1FA874CC68104C8... Denise Finn McDonough President	Signed by: <u>Kathleen Kiefer</u> D85175EE05784B1... Kathleen Susan Kiefer Secretary	DocuSigned by: <u>Vincent E. Scher</u> A85A33722D4143E... Vincent Edward Scher Treasurer
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Subscribed and sworn to before me this

10th day of February 2025

Louanna Stiner

Louanna Stiner
Executive Admin Assistant
06/29/31



- a. Is this an original filing?
b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....

Yes [X] No []

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)	85,110,581		85,110,581	296,631,138
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)	9,541		9,541	9,541
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 (\$(26,344,746) , Schedule E - Part 1), cash equivalents (\$56,300,000 , Schedule E - Part 2) and short-term investments (\$, Schedule DA)	29,955,254		29,955,254	(59,839)
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)	1,700,168		1,700,168	10,441,966
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	116,775,544	0	116,775,544	307,022,806
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	391,474	1,875	389,599	1,692,264
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	26,281,856	712,945	25,568,911	25,654,161
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 51,753,597 earned but unbilled premiums)	51,753,597		51,753,597	37,726,183
15.3 Accrued retrospective premiums (\$ 517,018) and contracts subject to redetermination (\$ 944,413)	1,461,431		1,461,431	784,404
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
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	89,340,816	22,788,158	66,552,658	57,197,105
18.1 Current federal and foreign income tax recoverable and interest thereon			0	18,090,183
18.2 Net deferred tax asset	274,472	20,317	254,155	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)	755,275	755,275	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	112,986,920		112,986,920	0
24. Health care (\$ 38,301,309) and other amounts receivable	62,327,657	24,026,348	38,301,309	38,895,612
25. Aggregate write-ins for other-than-invested assets	21,049,447	1,585,607	19,463,840	56,551,613
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	483,398,489	49,890,525	433,507,964	543,614,331
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	483,398,489	49,890,525	433,507,964	543,614,331
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Federal Employee Program assets held by agent	16,115,258		16,115,258	51,580,259
2502. State income tax receivable	3,095,343		3,095,343	4,494,675
2503. DOI fees recoverable	153,392		153,392	170,558
2598. Summary of remaining write-ins for Line 25 from overflow page	1,685,454	1,585,607	99,847	306,121
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	21,049,447	1,585,607	19,463,840	56,551,613

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$6,296 reinsurance ceded)	148,873,754		148,873,754	142,489,239
2. Accrued medical incentive pool and bonus amounts	1,630,301		1,630,301	1,387,425
3. Unpaid claims adjustment expenses.....	4,040,111		4,040,111	3,583,051
4. Aggregate health policy reserves, including the liability of \$ 400,000 for medical loss ratio rebate per the Public Health Service Act	31,382,128		31,382,128	104,328,452
5. Aggregate life policy reserves.....			0	0
6. Property/casualty unearned premium reserves.....			0	0
7. Aggregate health claim reserves.....			0	0
8. Premiums received in advance.....	31,068,118		31,068,118	18,283,698
9. General expenses due or accrued.....	24,302,286		24,302,286	17,053,266
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))	4,193,316		4,193,316	0
10.2 Net deferred tax liability.....			0	3,320,639
11. Ceded reinsurance premiums payable.....	7,660		7,660	12,936
12. Amounts withheld or retained for the account of others.....	4,516,194		4,516,194	319,393
13. Remittances and items not allocated.....	16,770,609		16,770,609	12,630,229
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current).....			0	0
15. Amounts due to parent, subsidiaries and affiliates.....			0	54,745,026
16. Derivatives.....			0	0
17. Payable for securities.....			0	0
18. Payable for securities lending	1,700,168		1,700,168	10,441,966
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.....	20,311,455		20,311,455	35,758,670
23. Aggregate write-ins for other liabilities (including \$ 2,419,545 current).....	3,789,416	0	3,789,416	4,402,251
24. Total liabilities (Lines 1 to 23).....	292,585,516	0	292,585,516	408,756,241
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	3,326,027	4,614,863
26. Common capital stock.....	XXX	XXX	2,500,000	2,500,000
27. Preferred capital stock.....	XXX	XXX	0	
28. Gross paid in and contributed surplus.....	XXX	XXX	120,652,900	120,652,900
29. Surplus notes.....	XXX	XXX	0	
30. Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	14,443,521	7,090,327
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	140,922,448	134,858,090
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	433,507,964	543,614,331
DETAILS OF WRITE-INS				
2301. Other premium liability	1,764,323		1,764,323	1,157,245
2302. Escheat liability	1,291,343		1,291,343	1,718,548
2303. Other liabilities	733,750		733,750	1,313,513
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	212,945
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	3,789,416	0	3,789,416	4,402,251
2501. Deferred gain on sale-leaseback transaction	XXX	XXX	3,326,027	4,614,863
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	3,326,027	4,614,863
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	4,036,860	3,847,998
2. Net premium income (including \$ non-health premium income)	XXX	1,367,203,432	1,218,705,924
3. Change in unearned premium reserves and reserve for rate credits	XXX	70,708,301	31,171,052
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	1,437,911,733	1,249,876,976
Hospital and Medical:			
9. Hospital/medical benefits	21,578,165	844,690,920	720,873,672
10. Other professional services	4,286,253	83,577,283	71,935,978
11. Outside referrals	0	12,795,923	12,593,290
12. Emergency room and out-of-area	841,692	97,288,959	79,879,836
13. Prescription drugs	1,239,658	228,947,403	213,822,801
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		7,070,694	7,091,278
16. Subtotal (Lines 9 to 15)	27,945,768	1,274,371,182	1,106,196,855
Less:			
17. Net reinsurance recoveries		(4,683)	(201,649)
18. Total hospital and medical (Lines 16 minus 17)	27,945,768	1,274,375,865	1,106,398,504
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$ 17,586,824 cost containment expenses		33,194,420	33,376,055
21. General administrative expenses		80,709,034	68,860,662
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).....	27,945,768	1,388,279,319	1,208,635,221
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	49,632,414	41,241,755
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		11,364,043	12,779,984
26. Net realized capital gains (losses) less capital gains tax of \$ (716,602)		(9,388,899)	(7,187,466)
27. Net investment gains (losses) (Lines 25 plus 26)	0	1,975,144	5,592,518
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$361,756)]		(361,756)	(238,915)
29. Aggregate write-ins for other income or expenses	0	1,899,701	(2,923,651)
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	53,145,503	43,671,707
31. Federal and foreign income taxes incurred	XXX	16,133,566	9,847,846
32. Net income (loss) (Lines 30 minus 31)	XXX	37,011,937	33,823,861
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 through 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 through 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 through 1403 plus 1498)(Line 14 above)	0	0	0
2901. FEP interest income		1,585,090	0
2902. Other income		314,611	2,076,349
2903. Regulatory penalty		0	(5,000,000)
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	1,899,701	(2,923,651)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	134,858,090	153,627,228
34. Net income or (loss) from Line 32	37,011,937	33,823,861
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ (48,921)	(184,037)	(121,692)
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax	3,546,190	(2,089,455)
39. Change in nonadmitted assets	779,103	(93,017)
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	(33,800,000)	(49,000,000)
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)	6,064,358	(18,769,138)
49. Capital and surplus end of reporting period (Line 33 plus 48)	140,922,448	134,858,090
DETAILS OF WRITE-INS		
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 through 4703 plus 4798)(Line 47 above)	(1,288,835)	(1,288,835)

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	1,398,736,975	1,230,672,774
2. Net investment income	11,855,069	13,350,807
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	1,410,592,044	1,244,023,581
5. Benefit and loss related payments	1,267,748,474	1,134,643,067
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	127,798,152	73,287,196
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ (716,602) tax on capital gains (losses)	(6,866,535)	6,532,399
10. Total (Lines 5 through 9)	1,388,680,091	1,214,462,662
11. Net cash from operations (Line 4 minus Line 10)	21,911,953	29,560,919
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	250,876,079	176,165,289
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	0	(175)
12.7 Miscellaneous proceeds	8,741,798	5,222,476
12.8 Total investment proceeds (Lines 12.1 to 12.7)	259,617,877	181,387,590
13. Cost of investments acquired (long-term only):		
13.1 Bonds	50,173,431	94,173,408
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	50,173,431	94,173,408
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)	209,444,446	87,214,182
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	33,800,000	49,000,000
16.6 Other cash provided (applied)	(167,541,306)	(74,736,724)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(201,341,306)	(123,736,724)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	30,015,092	(6,961,623)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	(59,839)	6,901,785
19.2 End of year (Line 18 plus Line 19.1)	29,955,254	(59,839)

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

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ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Net premium income	1,367,203,432	221,347,174	769,506,679	57,685,417	5,305,793	9,253,744	291,752,856	15,862					12,335,907	
2. Change in unearned premium reserves and reserve for rate credit	70,708,301	(1,154)	35,242,113	2,792		(450)	35,465,000							
3. Fee-for-service (net of \$	0													XXX.
medical expenses)	0													XXX.
4. Risk revenue	0													
5. Aggregate write-ins for other health care related revenues	0	0	0	0	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.	XXX.	XXX.	XXX.	XXX.	0
7. Total revenues (Lines 1 to 6)	1,437,911,733	221,346,020	804,748,792	57,688,209	5,305,793	9,253,294	327,217,856	15,862	0	0	0	0	12,335,907	0
8. Hospital/medical benefits	844,690,920	124,171,022	461,804,161	40,615,866		2,727	208,534,904	72,511					9,489,729	XXX.
9. Other professional services	83,577,283	9,934,320	43,870,642	7,779,268	3,680,221	2,605,103	15,702,580	5,149						XXX.
10. Outside referrals	12,795,923	1,943,131	6,433,412	17,316	134,200	4,267,864								XXX.
11. Emergency room and out-of-area	97,288,959	19,496,258	76,106,086	1,681,308				5,307						XXX.
12. Prescription drugs	228,947,403	31,733,507	118,908,784	(1,703,626)			80,771,384	944,994					(1,707,640)	XXX.
13. Aggregate write-ins for other hospital and medical incentive pool, withhold adjustments and bonus amounts	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
14. Subtotal (Lines 8 to 14)	1,274,371,182	188,847,424	711,261,127	48,390,138	3,814,421	6,875,694	306,372,328	1,027,961	0	0	0	0	7,782,089	XXX.
15. Net reinsurance recoveries	(4,683)												(4,683)	XXX.
16. Total medical and hospital (Lines 15 minus 16).....	1,274,375,865	188,847,424	711,261,127	48,390,138	3,814,421	6,875,694	306,372,328	1,027,961	0	0	0	0	7,786,772	XXX.
17. Non-health claims (net)	0	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	
18. Claims adjustment expenses including \$	17,586,824	cost containment expenses	33,194,420	7,676,168	16,707,288	2,811,039	216,774	516,762	5,364,161	12,954			(110,726)	
19. General administrative expenses	80,709,033	19,667,885	42,807,427	7,202,448	555,418	1,324,047	13,744,057	33,191					(4,625,440)	
20. Increase in reserves for accident and health contracts	0													XXX.
21. Increase in reserves for life contracts	0	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	
22. Total underwriting deductions (Lines 17 to 22)	1,388,279,318	216,191,477	770,775,842	58,403,625	4,586,613	8,716,503	325,480,546	1,074,106	0	0	0	0	3,050,606	0
23. Net underwriting gain or (loss) (Line 7 minus Line 23)	49,632,415	5,154,543	33,972,950	(715,416)	719,180	536,791	1,737,310	(1,058,244)	0	0	0	0	9,285,301	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	0	0	0	0	XXX.
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	
0602.		XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	
0603.		XXX.	XXX.	XXX.	XXX.	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.	XXX.	XXX.	XXX.	XXX.	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	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	0	0	0	0	XXX.
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) individual	221,347,174			221,347,174
2. Comprehensive (hospital and medical) group	769,506,679			769,506,679
3. Medicare Supplement	57,685,417			57,685,417
4. Vision only	5,305,793			5,305,793
5. Dental only	9,253,744			9,253,744
6. Federal Employees Health Benefits Plan	291,752,855			291,752,855
7. Title XVIII - Medicare	15,862			15,862
8. Title XIX - Medicaid	0			0
9. Credit A&H				0
10. Disability Income				0
11. Long-Term Care				0
12. Other health	12,357,700		21,792	12,335,908
13. Health subtotal (Lines 1 through 12)	1,367,225,224	0	21,792	1,367,203,432
14. Life	0			0
15. Property/casualty	0			0
16. Totals (Lines 13 to 15)	1,367,225,224	0	21,792	1,367,203,432

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Payments during the year:														
1.1 Direct	1,265,726,178	184,033,819	714,752,982	53,102,173	3,823,914	6,909,266	292,766,290	1,015,656					9,322,078	
1.2 Reinsurance assumed	0													
1.3 Reinsurance ceded	1,051												1,051	
1.4 Net	1,265,725,127	184,033,819	714,752,982	53,102,173	3,823,914	6,909,266	292,766,290	1,015,656	0	0	0	0	9,321,027	0
2. Paid medical incentive pools and bonuses	6,827,818	1,461,521	3,986,218				1,381,794						(1,715)	
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	148,880,050	20,259,895	66,194,214	6,496,720	247,321	568,605	50,489,579	0	0	0	0	0	4,623,716	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	6,296	0	0	0	0	0	0	0	0	0	0	0	6,296	0
3.4 Net	148,873,754	20,259,895	66,194,214	6,496,720	247,321	568,605	50,489,579	0	0	0	0	0	4,617,420	0
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct	0													
4.2 Reinsurance assumed	0													
4.3 Reinsurance ceded	0													
4.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	1,630,301	369,891	1,049,493	6			194,505						16,406	
6. Net health care receivables (a)	4,804,471	1,260,330	1,598,427	1,927,476	(89)	(2,293)	78,435	(12,317)					(45,498)	
7. Amounts recoverable from reinsurers December 31, current year	0													
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	142,501,268	15,755,144	72,225,685	9,281,284	256,902	604,472	38,168,566	13	0	0	0	0	6,209,202	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	12,029	0	0	0	0	0	0	0	0	0	0	0	12,029	0
8.4 Net	142,489,239	15,755,144	72,225,685	9,281,284	256,902	604,472	38,168,566	13	0	0	0	0	6,197,173	0
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct	0													
9.2 Reinsurance assumed	0													
9.3 Reinsurance ceded	0													
9.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	1,387,425	262,227	897,669				212,838						14,691	
11. Amounts recoverable from reinsurers December 31, prior year	0													
12. Incurred Benefits:														
12.1 Direct	1,267,300,489	187,278,240	707,123,084	48,390,133	3,814,422	6,875,692	305,008,868	1,027,960	0	0	0	0	7,782,090	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	(4,682)	0	0	0	0	0	0	0	0	0	0	0	(4,682)	0
12.4 Net	1,267,305,171	187,278,240	707,123,084	48,390,133	3,814,422	6,875,692	305,008,868	1,027,960	0	0	0	0	7,786,772	0
13. Incurred medical incentive pools and bonuses	7,070,694	1,569,185	4,138,042	6	0	0	1,363,461	0	0	0	0	0	0	0

(a) Excludes \$ 43,824,947 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Reported in Process of Adjustment:														
1.1 Direct	29,451,072	4,134,035	13,557,146	1,943,154	44,605	324,363	9,447,769							
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	29,451,072	4,134,035	13,557,146	1,943,154	44,605	324,363	9,447,769	0	0	0	0	0	0	0
2. Incurred but Unreported:														
2.1 Direct	119,428,978	16,125,860	52,637,068	4,553,566	202,716	244,242	41,041,810						4,623,716	
2.2 Reinsurance assumed	0	0	0	0	0	0	0						0	
2.3 Reinsurance ceded	6,296	0	0	0	0	0	0						6,296	
2.4 Net	119,422,682	16,125,860	52,637,068	4,553,566	202,716	244,242	41,041,810	0	0	0	0	0	4,617,420	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	0	0	0	0
4. TOTALS:														
4.1 Direct	148,880,050	20,259,895	66,194,214	6,496,720	247,321	568,605	50,489,579	0	0	0	0	0	4,623,716	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	6,296	0	0	0	0	0	0	0	0	0	0	0	6,296	0
4.4 Net	148,873,754	20,259,895	66,194,214	6,496,720	247,321	568,605	50,489,579	0	0	0	0	0	4,617,420	0

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	6
	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	Claims Incurred In Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical) individual	5,276,143	178,757,676	2,608,537	17,651,358	7,884,680	15,755,145
2. Comprehensive (hospital and medical) group	41,199,482	673,553,500	7,885,388	58,308,827	49,084,870	72,225,687
3. Medicare Supplement	6,861,909	46,240,263	1,422,748	5,073,972	8,284,657	9,281,282
4. Vision Only	177,005	3,646,909	(81)	247,402	176,924	256,902
5. Dental Only	431,163	6,478,104	15,597	553,009	446,760	604,471
6. Federal Employees Health Benefits Plan	38,525,064	254,241,225	1,345,408	49,144,171	39,870,472	38,168,566
7. Title XVIII - Medicare	1,010,185	5,471	0	0	1,010,185	13
8. Title XIX - Medicaid	0	0	0	0	0	0
9. Credit A&H	0	0	0	0	0	0
10. Disability Income	0	0	0	0	0	0
11. Long-Term Care	0	0	0	0	0	0
12. Other health	2,385,251	6,935,778	1,314,532	3,302,886	3,699,783	6,197,173
13. Health subtotal (Lines 1 to 12)	95,866,202	1,169,858,926	14,592,129	134,281,625	110,458,331	142,489,239
14. Health care receivables (a)	2,494,761	16,007,949	0	0	2,494,761	13,698,238
15. Other non-health	0	0	0	0	0	0
16. Medical incentive pools and bonus amounts	1,037,546	5,790,272	529,794	1,100,507	1,567,340	1,387,425
17. Totals (Lines 13 - 14 + 15 + 16)	94,408,987	1,159,641,249	15,121,923	135,382,132	109,530,910	130,178,426

(a) Excludes \$ 43,824,947 loans or advances to providers not yet expensed.

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 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	68,256	69,134	70,764	69,553	69,553
2.	2020	559,762	633,321	635,407	635,956	632,601
3.	2021	XXX	609,140	710,466	713,052	712,188
4.	2022	XXX	XXX	649,216	734,452	733,559
5.	2023	XXX	XXX	XXX	708,780	759,150
6.	2024	XXX	XXX	XXX	XXX	843,272

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 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	70,083	69,980	71,953	69,554	69,553
2.	2020	645,015	637,810	636,833	637,221	635,820
3.	2021	XXX	730,308	716,641	714,868	713,220
4.	2022	XXX	XXX	765,610	739,192	735,820
5.	2023	XXX	XXX	XXX	790,098	763,566
6.	2024	XXX	XXX	XXX	XXX	920,216

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	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2020	798,688	632,601	30,847	4.9	663,448	83.1	3,219	110	666,777	83.5
2.	2021	824,542	712,188	30,952	4.3	743,140	90.1	1,032	34	744,206	90.3
3.	2022	866,646	733,559	27,250	3.7	760,809	87.8	2,261	53	763,123	88.1
4.	2023	889,943	759,150	23,970	3.2	783,120	88.0	4,416	127	787,663	88.5
5.	2024	1,026,095	843,272	21,302	2.5	864,574	84.3	76,944	2,191	943,709	92.0

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 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	4,557	4,551	4,504	4,491	4,491
2.	2020	33,581	40,668	40,675	41,002	40,334
3.	2021	XXX	41,886	47,039	47,087	46,887
4.	2022	XXX	XXX	42,141	47,533	47,240
5.	2023	XXX	XXX	XXX	41,093	48,974
6.	2024	XXX	XXX	XXX	XXX	43,954

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 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	5,558	5,497	4,504	4,491	4,491
2.	2020	41,910	40,680	40,676	41,001	40,998
3.	2021	XXX	46,679	47,045	47,093	47,090
4.	2022	XXX	XXX	48,237	47,563	47,553
5.	2023	XXX	XXX	XXX	50,339	49,217
6.	2024	XXX	XXX	XXX	XXX	49,028

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

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2020	56,345	40,334	3,329	8.3	43,663	77.5	664	15	44,342	78.7
2.	2021	58,747	46,887	3,808	8.1	50,695	86.3	203	5	50,903	86.6
3.	2022	58,566	47,240	3,641	7.7	50,881	86.9	313	7	51,201	87.4
4.	2023	55,692	48,974	3,055	6.2	52,029	93.4	243	6	52,278	93.9
5.	2024	57,688	43,954	2,402	5.5	46,356	80.4	5,074	118	51,548	89.4

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 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	361	372	372	372	372
2.	2020	5,225	5,724	5,734	5,734	5,734
3.	2021	XXX	7,015	7,455	7,470	7,474
4.	2022	XXX	XXX	7,217	7,628	7,640
5.	2023	XXX	XXX	XXX	7,333	7,749
6.	2024	XXX	XXX	XXX	XXX	6,477

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 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	372	373	372	372	372
2.	2020	5,788	5,740	5,736	5,734	5,734
3.	2021	XXX	7,653	7,474	7,470	7,474
4.	2022	XXX	XXX	7,789	7,628	7,641
5.	2023	XXX	XXX	XXX	7,589	7,763
6.	2024	XXX	XXX	XXX	XXX	7,030

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.	2020	8,928	5,734	619	10.8	6,353	71.2	0	0	6,353	71.2
2.	2021	10,863	7,474	739	9.9	8,213	75.6	0	0	8,213	75.6
3.	2022	10,764	7,640	740	9.7	8,380	77.9	1	0	8,381	77.9
4.	2023	10,661	7,749	643	8.3	8,392	78.7	14	0	8,406	78.8
5.	2024	9,253	6,477	453	7.0	6,930	74.9	553	11	7,494	81.0

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 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior		340	332	331	331	331
2.	2020		4,666	4,920	4,915	4,915	4,915
3.	2021		XXX	5,446	5,720	5,720	5,720
4.	2022		XXX	XXX	5,121	5,386	5,386
5.	2023		XXX	XXX	XXX	3,782	3,959
6.	2024		XXX	XXX	XXX	XXX	3,647

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 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	.....	340	332	331	331	331
2.	2020	.....	5,130	4,920	4,915	4,915	4,915
3.	2021	.....	xxx	5,885	5,720	5,722	5,720
4.	2022	.....	xxx	xxx	5,526	5,407	5,386
5.	2023	.....	xxx	xxx	xxx	4,363	3,959
6.	2024	.....	xxx	xxx	xxx	xxx	3,894

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.	2020	.....7,606	.....4,915	.....392	.....8.0	.....5,307	.....69.8	.....0	.....0	.....5,307	.....69.8
2.	2021	.....8,078	.....5,720	.....510	.....8.9	.....6,230	.....77.1	.....0	.....0	.....6,230	.....77.1
3.	2022	.....8,089	.....5,386	.....400	.....7.4	.....5,786	.....71.5	.....0	.....0	.....5,786	.....71.5
4.	2023	.....5,727	.....3,959	.....262	.....6.6	.....4,221	.....73.7	.....0	.....0	.....4,221	.....73.7
5.	2024	.....5,306	.....3,647	.....190	.....5.2	.....3,837	.....72.3	.....247	.....7	.....4,091	.....77.1

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 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	19,224	19,847	19,665	20,219	20,219
2.	2020	177,987	199,890	200,126	200,472	200,958
3.	2021	XXX	193,087	230,597	231,073	231,409
4.	2022	XXX	XXX	197,925	231,525	231,920
5.	2023	XXX	XXX	XXX	226,606	263,901
6.	2024	XXX	XXX	XXX	XXX	255,228

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 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	19,024	20,008	19,654	20,208	20,219
2.	2020	203,666	200,433	200,158	200,524	200,961
3.	2021	XXX	235,025	231,051	231,518	231,430
4.	2022	XXX	XXX	235,125	232,706	232,262
5.	2023	XXX	XXX	XXX	263,321	264,973
6.	2024	XXX	XXX	XXX	XXX	304,474

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. 2020	223,756	200,958	5,203	2.6	206,161	92.1	3	0	206,164	92.1
2. 2021	249,576	231,409	5,505	2.4	236,914	94.9	21	1	236,936	94.9
3. 2022	247,801	231,920	5,264	2.3	237,184	95.7	342	9	237,535	95.9
4. 2023	280,264	263,901	5,248	2.0	269,149	96.0	1,072	24	270,245	96.4
5. 2024	327,218	255,228	4,253	1.7	259,481	79.3	49,246	1,218	309,945	94.7

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 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	(185)	(198)	(197)	(220)	(220)
2.	2020	883	1,829	1,690	1,689	1,771
3.	2021	XXX	266	267	(676)	(676)
4.	2022	XXX	XXX	0	8	8
5.	2023	XXX	XXX	XXX	(2)	926
6.	2024	XXX	XXX	XXX	XXX	0

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 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	(182)	(200)	(191)	(220)	(220)
2.	2020	1,908	1,828	1,689	1,689	1,771
3.	2021	XXX	280	267	(676)	(676)
4.	2022	XXX	XXX	0	8	8
5.	2023	XXX	XXX	XXX	(2)	926
6.	2024	XXX	XXX	XXX	XXX	0

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. 2020	1,170	1,771	153	8.6	1,924	164.4	0	0	1,924	164.4
2. 2021	(34)	(676)	21	(3.1)	(655)	1,926.5	0	0	(655)	1,926.5
3. 2022	(86)	8	(25)	(312.5)	(17)	19.8	0	0	(17)	19.8
4. 2023	12	926	20	2.2	946	7,883.3	0	0	946	7,883.3
5. 2024	16	0	7	0.0	7	43.8	0	0	7	43.8

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 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	505	506	604	604	604
2.	2020	8,266	9,410	9,889	9,889	9,814
3.	2021	XXX	9,023	11,287	11,595	11,638
4.	2022	XXX	XXX	7,139	7,757	8,743
5.	2023	XXX	XXX	XXX	6,238	7,584
6.	2024	XXX	XXX	XXX	XXX	7,064

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 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	609	507	604	604	604
2.	2020	9,736	9,525	10,156	9,889	9,814
3.	2021	XXX	11,011	11,471	12,834	11,638
4.	2022	XXX	XXX	8,844	8,590	9,363
5.	2023	XXX	XXX	XXX	10,377	8,280
6.	2024	XXX	XXX	XXX	XXX	10,382

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. 2020	13,388	9,814	375	3.8	10,189	76.1	0	(1)	10,188	76.1
2. 2021	14,653	11,638	161	1.4	11,799	80.5	0	0	11,799	80.5
3. 2022	10,234	8,743	(282)	(3.2)	8,461	82.7	620	11	9,092	88.8
4. 2023	7,578	7,584	(442)	(5.8)	7,142	94.2	696	16	7,854	103.6
5. 2024	12,336	7,064	(68)	(1.0)	6,996	56.7	3,318	78	10,392	84.2

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 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	93,058	94,544	96,043	95,350	95,350
2.	2020	790,370	895,762	898,436	899,657	896,127
3.	2021	XXX	865,863	1,012,831	1,015,321	1,014,640
4.	2022	XXX	XXX	908,759	1,034,289	1,034,496
5.	2023	XXX	XXX	XXX	993,830	1,092,243
6.	2024	XXX	XXX	XXX	XXX	1,159,642

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 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	95,804	96,497	97,227	95,340	95,350
2.	2020	913,153	900,936	900,163	900,973	900,013
3.	2021	XXX	1,036,841	1,019,669	1,018,829	1,015,896
4.	2022	XXX	XXX	1,071,131	1,041,094	1,038,033
5.	2023	XXX	XXX	XXX	1,126,085	1,098,684
6.	2024	XXX	XXX	XXX	XXX	1,295,024

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. 2020	1,109,881	896,127	40,918	4.6	937,045	84.4	3,886	124	941,055	84.8
2. 2021	1,166,425	1,014,640	41,696	4.1	1,056,336	90.6	1,256	40	1,057,632	90.7
3. 2022	1,202,014	1,034,496	36,988	3.6	1,071,484	89.1	3,537	80	1,075,101	89.4
4. 2023	1,249,877	1,092,243	32,756	3.0	1,124,999	90.0	6,441	173	1,131,613	90.5
5. 2024	1,437,912	1,159,642	28,539	2.5	1,188,181	82.6	135,382	3,623	1,327,186	92.3

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other
1. Unearned premium reserves	4,171	2,141	(284)	780	(4)	1,538							
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) ..	20,550,102	400,000	4,034,844				16,115,258						
5. Aggregate write-ins for other policy reserves	10,827,854	8,880,379	1,912,869	0	0	0	0	34,606	0	0	0	0	0
6. Totals (gross)	31,382,127	9,282,520	5,947,429	780	(4)	1,538	16,115,258	34,606	0	0	0	0	0
7. Reinsurance ceded	0												
8. Totals (Net)(Page 3, Line 4)	31,382,127	9,282,520	5,947,429	780	(4)	1,538	16,115,258	34,606	0	0	0	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	0	0	0	0
12. Totals (gross)	0	0	0	0	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	0	0	0	0
DETAILS OF WRITE-INS													
0501. Risk Adjustment Redetermination	10,827,854	8,880,379	1,912,869					34,606					
0502.													
0503.													
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	10,827,854	8,880,379	1,912,869	0	0	0	0	34,606	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	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$ premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

	Claim Adjustment Expenses		3	4	5
	1	2			
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent (\$ for occupancy of own building)	185,196	332,916	(45,213)	0	472,899
2. Salary, wages and other benefits	9,697,480	9,055,901	36,472,877	0	55,226,258
3. Commissions (less \$0 ceded plus \$ assumed)	0		13,823,434	0	13,823,434
4. Legal fees and expenses	2,232	80,999	6,359,781	0	6,443,012
5. Certifications and accreditation fees	0		0	0	0
6. Auditing, actuarial and other consulting services ...	1,086,088	415,995	5,712,385	0	7,214,468
7. Traveling expenses	22,211	15,112	248,047	0	285,370
8. Marketing and advertising	48,095	25,083	1,963,595	0	2,036,773
9. Postage, express and telephone	81,911	160,259	2,033,038	0	2,275,208
10. Printing and office supplies	39,582	788	132,969	0	173,339
11. Occupancy, depreciation and amortization	0		0	0	0
12. Equipment	44	189	125,297	0	125,530
13. Cost or depreciation of EDP equipment and software	721,171	156,702	7,363,529	0	8,241,402
14. Outsourced services including EDP, claims, and other services	5,054,278	1,502,623	4,930,625	0	11,487,526
15. Boards, bureaus and association fees	3,885	172	277,242	0	281,299
16. Insurance, except on real estate	0		290,902	0	290,902
17. Collection and bank service charges	1	1	1,047,634	0	1,047,636
18. Group service and administration fees	0	1,496,916	9,254,615	0	10,751,531
19. Reimbursements by uninsured plans	0		(37,725,796)	0	(37,725,796)
20. Reimbursements from fiscal intermediaries	0		0	0	0
21. Real estate expenses	27	70	668,197	0	668,294
22. Real estate taxes	0		49,070	0	49,070
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	(232,097)	(157,307)	10,584,227	0	10,194,823
23.2 State premium taxes	0		8,815,339	0	8,815,339
23.3 Regulatory authority licenses and fees	7,270	1,107	54,715	0	63,092
23.4 Payroll taxes	801,901	701,859	1,714,415	0	3,218,175
23.5 Other (excluding federal income and real estate taxes)	0		6,807,757	0	6,807,757
24. Investment expenses not included elsewhere	0		0	370,405	370,405
25. Aggregate write-ins for expenses	67,549	1,818,211	(249,647)	0	1,636,113
26. Total expenses incurred (Lines 1 to 25)	17,586,824	15,607,596	80,709,034	370,405	(a) 114,273,859
27. Less expenses unpaid December 31, current year	0	4,040,111	24,302,286		28,342,397
28. Add expenses unpaid December 31, prior year		3,583,051	17,053,266		20,636,317
29. Amounts receivable relating to uninsured plans, prior year			81,648,929		81,648,929
30. Amounts receivable relating to uninsured plans, current year	0	0	89,340,816		89,340,816
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	17,586,824	15,150,536	81,151,901	370,405	114,259,666
DETAILS OF WRITE-INS					
2501. Miscellaneous expenses	67,549	1,818,211	(249,647)	0	1,636,113
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	67,549	1,818,211	(249,647)	0	1,636,113

(a) Includes management fees of \$ 93,713,444 to affiliates and \$ to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. government bonds	(a) 14,935	..... 811
1.1	Bonds exempt from U.S. tax	(a) .....	.....
1.2	Other bonds (unaffiliated)	(a) 12,288,043	..... 11,007,660
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) 649,785	..... 650,836
7	Derivative instruments	(f) 0	..... 0
8.	Other invested assets .....	..... 0	..... 0
9.	Aggregate write-ins for investment income .....	..... 82,475	..... 75,141
10.	Total gross investment income	13,035,238	11,734,448
11.	Investment expenses		(g) 370,405
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) .....		..... 370,405
17.	Net investment income (Line 10 minus Line 16)		11,364,043
DETAILS OF WRITE-INS			
0901.	Miscellaneous income	34,544	34,544
0902.	Securities lending	47,931	40,597
0903.	.....	
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)	82,475	75,141
1501.	.....	
1502.	.....	
1503.	.....	
1598.	Summary of remaining write-ins for Line 15 from overflow page		0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ 1,058,802 accrual of discount less \$ 249,417 amortization of premium and less \$ 223,549 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 \$ 0 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	(532,953)	0	(532,953)	0	0
1.1	Bonds exempt from U.S. tax			0		
1.2	Other bonds (unaffiliated)	(10,861,383)	0	(10,861,383)	(232,958)	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
4.	Real estate		0	0	0	0
5.	Contract loans	0	0	0	0	0
6.	Cash, cash equivalents and short-term investments	0	0	0	0	0
7.	Derivative instruments	0	0	0	0	0
8.	Other invested assets		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)	(10,105,501)	0	(10,105,501)	(232,958)	0
DETAILS OF WRITE-INS						
0901.	Deferred gain on sale-lease back 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 through 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	712,945	859,557	146,612
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	22,788,158	24,451,824	1,663,666
18.1 Current federal and foreign income tax recoverable and interest thereon			0
18.2 Net deferred tax asset	20,317		(20,317)
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	755,275	393,181	(362,094)
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	24,026,348	22,931,961	(1,094,387)
25. Aggregate write-ins for other-than-invested assets	1,585,607	2,033,105	447,498
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	49,890,525	50,669,628	779,103
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. Total (Lines 26 and 27)	49,890,525	50,669,628	779,103
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0
2501. Prepaid expenses	1,583,385	2,016,733	433,348
2502. Miscellaneous receivables	2,222	16,372	14,150
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	1,585,607	2,033,105	447,498

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	28,011	31,084	31,626	31,935	31,990	377,811
2. Provider Service Organizations						
3. Preferred Provider Organizations	199,044	209,092	208,102	219,293	220,073	2,567,238
4. Point of Service	42,994	51,059	50,726	50,284	50,246	608,113
5. Indemnity Only	22,372	22,448	22,283	22,364	22,172	268,187
6. Aggregate write-ins for other lines of business.....	18,072	17,229	16,627	18,788	19,174	215,511
7. Total	310,493	330,912	329,364	342,664	343,655	4,036,860
DETAILS OF WRITE-INS						
0601. Consumer Driven Health Products	17,010	16,186	15,667	17,621	17,938	202,582
0602. Disability and Accident	1,062	1,043	960	1,167	1,236	12,929
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	18,072	17,229	16,627	18,788	19,174	215,511

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.

NOTES TO FINANCIAL STATEMENTS

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 #	2024	2023
Net Income					
(1) Anthem Health Plans of Maine, Inc. state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 37,011,937	\$ 33,823,861
(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	\$ 37,011,937	\$ 33,823,861
Surplus					
(5) Anthem Health Plans of Maine, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$140,922,448	\$134,858,090
(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	\$140,922,448	\$134,858,090

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 incurred. All other costs, including underwriting expenses, are charged to operations as incurred.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.
NOTES TO FINANCIAL STATEMENTS

The Company provides administrative services to various customers on an uninsured basis. Under these arrangements, the customer retains the risk of funding payments for health benefits provided, and the Company may be subject to credit risk of the customer from the time of the Company's claim payment until the Company receives the claim reimbursement. In accordance with SSAP No. 47, *Uninsured Plans*, these claims payments and subsequent reimbursements are excluded from the Company's statutory statement of revenue and expenses. Administrative fees for administering these arrangements are recognized as administrative services are performed and recorded as a reduction to general administrative expenses.

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 investment in residual tranche bonds and preferred stocks.
- (6) The Company has no mortgage loans - real estate.
- (7) 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.
- (8) The Company has no investments in subsidiaries, controlled and affiliated companies.
- (9) The Company has no investments in joint ventures, partnerships or limited liability companies.
- (10) The Company has no derivative instruments.
- (11) The Company recognizes losses from other-than-temporary impairments ("OTTI") of investments in accordance with Statements of Standard Accounting Practice ("SSAP") No. 26, *Bonds*; and SSAP No. 30, *Common Stock*; and SSAP No. 32, *Preferred Stock*.
- (12) The Company does not anticipate investment income as a factor in premium deficiency calculations.
- (13) 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.
- (14) The Company has not modified its capitalization policy from the prior period.
- (15) 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.
- (16) 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.
- (17) The Company sells policies where premiums vary based on loss experience or premium stabilization programs. Retrospectively rated refunds include minimum

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.

NOTES TO FINANCIAL STATEMENTS

medical loss ratio (“MLR”) rebates per the Affordable Care Act (“ACA”). Risk adjustment programs transfer premiums from insurers that enroll members with relatively lower health risks to insurers that enroll members with relatively higher health risks. Reserves for rate credits, risk adjustment programs or policy rating refunds are reported in aggregate policy reserves. Accrued retrospective premiums are reported in premiums receivable.

- (18) 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.
- (19) A discount rate is applied to guaranty fund liabilities and assets related to assessments from insolvencies of entities that wrote long-term care contracts.

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, 2024 and 2023.

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 2024 or 2023.

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

The Company did not have investments in mortgage loans at December 31, 2024 or 2023.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.

NOTES TO FINANCIAL STATEMENTS

B. Debt Restructuring

The Company did not have invested assets that were restructured debt at December 31, 2024 or 2023.

C. Reverse Mortgages

The Company did not have investments in reverse mortgages at December 31, 2024 or 2023.

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.

(2) The Company did not recognize OTTI on its loan-backed securities during the years ended December 31, 2024 and 2023.

(3) The Company did not recognize OTTI on its loan-backed securities at December 31, 2024 and 2023.

(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	\$	(431,607)
	2. 12 Months or Longer	\$	(2,381,056)
b. The aggregate related fair value of securities with unrealized losses:			
	1. Less than 12 Months	\$	20,140,920
	2. 12 Months or Longer	\$	26,002,941

(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, 2024 or 2023.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

(1) The Company did not enter into repurchase agreements at December 31, 2024 or 2023.

(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.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.

NOTES TO FINANCIAL STATEMENTS

(3) Collateral Received

a. Aggregate amount collateral received		
		<u>Fair Value</u>
1. Securities Lending		
(a) Open	\$	1,700,168
(b) 30 days or less		—
(c) 31 to 60 days		—
(d) 61 to 90 days		—
(e) Greater than 90 days		—
(f) Sub-total	\$	1,700,168
(g) Securities received		—
(h) Total collateral received	\$	<u>1,700,168</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>\$ 1,700,168</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.

(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		667,487	667,586
(c) 31 to 60 days		443,046	443,108
(d) 61 to 90 days		39,783	39,780
(e) 91 to 120 days		286,834	286,850
(f) 121 to 180 days		158,786	158,905
(g) 181 to 365 days		104,232	104,270
(h) 1 to 2 years		—	—
(i) 2 to 3 years		—	—
(j) Greater than 3 years		—	—
(k) Sub-total	\$	1,700,168	\$ 1,700,499
(l) Securities received		—	—
(m) Total collateral reinvested	\$	<u>1,700,168</u>	<u>\$ 1,700,499</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, 2024 or 2023.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.

NOTES TO FINANCIAL STATEMENTS

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

(1) The Company participates in overnight bilateral reverse repurchase agreements, which provide cash in exchange for a U.S. Treasury (or other high-quality collateral) with an initial fair value equal to at least 102% of the amount lent. If the fair value of the collateral falls below 100%, the counterparty is required to provide additional collateral, to bring the fair value back to at least 102%.

(2) Type of Repo Trades Used

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Bilateral (YES/NO)	YES	YES	YES	YES
b. Tri-Party (YES/NO)	NO	NO	NO	NO

(3) Original (Flow) & Residual Maturity

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. Open - No Maturity	\$ —	\$ —	\$ —	\$ —
2. Overnight	\$ 25,600,000	\$ 6,900,000	\$ 4,400,000	\$ 8,300,000
3. 2 Days to 1 Week	\$ —	\$ —	\$ —	\$ —
4. >1 Week to 1 Month	\$ —	\$ —	\$ —	\$ —
5. >1 Month to 3 Months	\$ —	\$ —	\$ —	\$ —
6. >3 Months to 1 Year	\$ —	\$ —	\$ —	\$ —
7. >1 Year	\$ —	\$ —	\$ —	\$ —
	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
b. Ending Balance				
1. Open - No Maturity	\$ —	\$ —	\$ —	\$ —
2. Overnight	\$ —	\$ 6,900,000	\$ 2,500,000	\$ 8,300,000
3. 2 Days to 1 Week	\$ —	\$ —	\$ —	\$ —
4. >1 Week to 1 Month	\$ —	\$ —	\$ —	\$ —
5. >1 Month to 3 Months	\$ —	\$ —	\$ —	\$ —
6. >3 Months to 1 Year	\$ —	\$ —	\$ —	\$ —
7. >1 Year	\$ —	\$ —	\$ —	\$ —

(4) Aggregate Narrative Disclosure of Fair Value of Securities Sold and/or Acquired That Resulted in Default

Not applicable.

(5) Fair Value of Securities Acquired Under Repo-Secured Borrowing

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount	\$ 26,126,528	\$ 7,035,312	\$ 4,475,924	\$ 8,496,159
b. Ending Balance	\$ —	\$ 7,013,289	\$ 2,544,431	\$ 8,439,711

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.

NOTES TO FINANCIAL STATEMENTS

(6) Securities Acquired Under Repo - Secured Borrowing by NAIC Designation

ENDING BALANCE

	1 NONE	2 NAIC 1	3 NAIC 2	4 NAIC 3
a. Bonds - FV	\$ —	\$ 8,439,711	\$ —	\$ —
b. LB & SS - FV	\$ —	\$ —	\$ —	\$ —
c. Preferred Stock - FV	\$ —	\$ —	\$ —	\$ —
d. Common Stock	\$ —	\$ —	\$ —	\$ —
e. Mortgage Loans - FV	\$ —	\$ —	\$ —	\$ —
f. Real Estate - FV	\$ —	\$ —	\$ —	\$ —
g. Derivatives - FV	\$ —	\$ —	\$ —	\$ —
h. Other Invested Assets - FV	\$ —	\$ —	\$ —	\$ —
i. Total Assets - FV (Sum of a through h)	\$ —	\$ 8,439,711	\$ —	\$ —

ENDING BALANCE

	5 NAIC 4	6 NAIC 5	7 NAIC 6	8 DOES NOT QUALIFY AS ADMITTED
a. Bonds - FV	\$ —	\$ —	\$ —	\$ —
b. LB & SS - FV	\$ —	\$ —	\$ —	\$ —
c. Preferred Stock - FV	\$ —	\$ —	\$ —	\$ —
d. Common Stock	\$ —	\$ —	\$ —	\$ —
e. Mortgage Loans - FV	\$ —	\$ —	\$ —	\$ —
f. Real Estate - FV	\$ —	\$ —	\$ —	\$ —
g. Derivatives - FV	\$ —	\$ —	\$ —	\$ —
h. Other Invested Assets - FV	\$ —	\$ —	\$ —	\$ —
i. Total Assets - FV (Sum of a through h)	\$ —	\$ —	\$ —	\$ —

(7) Collateral Pledged - Secured Borrowing

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. Cash	\$ 25,600,000	\$ 6,900,000	\$ 4,400,000	\$ 8,300,000
2. Securities (FV)	\$ —	\$ —	\$ —	\$ —
3. Securities (BACV)	XXX	XXX	XXX	XXX
4. Nonadmitted Subset (BACV)	XXX	XXX	XXX	XXX
b. Ending Balance				
1. Cash	\$ —	\$ 6,900,000	\$ 2,500,000	\$ 8,300,000
2. Securities (FV)	\$ —	\$ —	\$ —	\$ —
3. Securities (BACV)	\$ —	\$ —	\$ —	\$ —
4. Nonadmitted Subset (BACV)	\$ —	\$ —	\$ —	\$ —

(8) Allocation of Aggregate Collateral Pledged by Remaining Contractual Maturity

	AMORTIZED COST	FAIR VALUE
a. Overnight and Continuous	\$ 8,300,000	\$ 8,439,711
b. 30 Days or Less	\$ —	\$ —
c. 31 to 90 Days	\$ —	\$ —
d. >90 Days	\$ —	\$ —

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.

NOTES TO FINANCIAL STATEMENTS

(9) Recognized Receivable for Return of Collateral - Secured Borrowing

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. Cash	\$ —	\$ —	\$ —	\$ —
2. Securities (FV)	\$ —	\$ —	\$ —	\$ —
b. Ending Balance				
1. Cash	\$ —	\$ —	\$ —	\$ —
2. Securities (FV)	\$ —	\$ —	\$ —	\$ —

(10) Recognized Liability to Return Collateral - Secured Borrowing (Total)

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
a. Maximum Amount				
1. Repo Securities Sold/Acquired with Cash Collateral	\$ —	\$ —	\$ —	\$ —
2. Repo Securities Sold/Acquired with Securities Collateral (FV)	\$ —	\$ —	\$ —	\$ —
b. Ending Balance				
1. Repo Securities Sold/Acquired with Cash Collateral	\$ —	\$ —	\$ —	\$ —
2. Repo Securities Sold/Acquired with Securities Collateral (FV)	\$ —	\$ —	\$ —	\$ —

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, 2024 or 2023.

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, 2024 or 2023.

J. Real Estate

- (1) At December 31, 2024 and December 31, 2023, the Company recognized an impairment loss on its investment in real estate of \$0 and \$2,385, respectively.
- (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 \$25,800,000. 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 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 statement of revenue and expenses. The amount of realized gain in the statement of revenue and expenses recognized was \$1,288,835 and \$1,288,835 in 2024 and 2023, respectively.
- (3) Not applicable.
- (4) The Company did not engage in retail land sales operations during 2024 or 2023.
- (5) Not applicable.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.

NOTES TO FINANCIAL STATEMENTS

K. Investments in Low-Income Housing Tax Credits

The Company did not invest in properties generating low-income housing tax credits during 2024 or 2023.

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	1,700,168	10,441,966	(8,741,798)	—	1,700,168	0.35 %	0.39 %
c. Subject to repurchase agreements	—	—	—	—	—	0.00 %	0.00 %
d. Subject to reverse repurchase agreements	8,300,000	—	8,300,000	—	8,300,000	1.72 %	1.91 %
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	788,385	809,417	(21,032)	—	788,385	0.16 %	0.18 %
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 %
o. Total Restricted Assets	\$ 10,788,553	\$ 11,251,383	\$ (462,830)	\$ —	\$10,788,553	2.23 %	2.49 %

(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.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.

NOTES TO FINANCIAL STATEMENTS

(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	1,700,168	1,700,499	0.35	0.39
i. Other	—	—	—	—
j. Total Collateral Assets (a+b+c+d+e+f+g+h+i)	\$ 1,700,168	\$ 1,700,499	0.35 %	0.39 %

* 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	\$ 1,700,168	0.58 %

* 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, 2024 and 2023.

N. Offsetting and Netting of Assets and Liabilities

The Company did not have any offsetting or netting of assets and liabilities at December 31, 2024 and 2023.

O. 5GI Securities

The Company has no 5GI Securities as of December 31, 2024 and 2023.

P. Short Sales

The Company did not have any short sales at December 31, 2024 and 2023.

Q. Prepayment Penalty and Acceleration Fees

General Account	
(1) Number of CUSIPs	1
(2) Aggregate Amount of Investment Income	\$ (212,600)

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.
NOTES TO FINANCIAL STATEMENTS

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

The Company did not participate in a cash pool at December 31, 2024 or 2023.

S. Aggregate Collateral Loans by Qualifying Investment Collateral

The Company did not have any aggregate collateral loans with qualifying investment collateral at December 31, 2024 or 2023.

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, 2024 there was \$1,875 of nonadmitted accrued investment income. At December 31, 2023 all accrued investment income was admitted.

C. At December 31, 2024 and 2023 the gross, nonadmitted and admitted amounts for interest income due and accrued are as follows:

Interest Income Due and Accrued	2024	2023
1. Gross	\$ 391,474	\$ 1,692,264
2. Nonadmitted	1,875	—
3. Admitted	389,599	1,692,264

D. At December 31, 2024 and 2023 the Company had no aggregate deferred interest.

E. At December 31, 2024 and 2023, the Company had no cumulative amounts of paid-in-kind (“PIK”) interest included in the current principal balance.

8. Derivative Instruments

The Company has no derivative instruments.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.

NOTES TO FINANCIAL STATEMENTS

9. Income Taxes

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

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

12/31/2024			
(1)	(2)	(3)	
Ordinary	Capital	(Col 1+2) Total	
(a) Gross Deferred Tax Assets	\$ 14,548,952	\$ 1,682,493	\$ 16,231,445
(b) Statutory Valuation Allowance Adjustments	—	1,517,013	1,517,013
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	14,548,952	165,480	14,714,432
(d) Deferred Tax Assets Nonadmitted	—	20,317	20,317
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	14,548,952	145,163	14,694,115
(f) Deferred Tax Liabilities	14,355,749	84,211	14,439,960
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 193,203	\$ 60,952	\$ 254,155

12/31/2023			
(4)	(5)	(6)	
Ordinary	Capital	(Col 4+5) Total	
(a) Gross Deferred Tax Assets	\$ 12,129,569	\$ 205,351	\$ 12,334,920
(b) Statutory Valuation Allowance Adjustments	—	—	—
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	12,129,569	205,351	12,334,920
(d) Deferred Tax Assets Nonadmitted	—	—	—
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	12,129,569	205,351	12,334,920
(f) Deferred Tax Liabilities	15,331,313	324,246	15,655,559
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ (3,201,744)	\$ (118,895)	\$ (3,320,639)

Change			
(7)	(8)	(9)	
(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total	
(a) Gross Deferred Tax Assets	\$ 2,419,383	\$ 1,477,142	\$ 3,896,525
(b) Statutory Valuation Allowance Adjustments	—	1,517,013	1,517,013
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	2,419,383	(39,871)	2,379,512
(d) Deferred Tax Assets Nonadmitted	—	20,317	20,317
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	2,419,383	(60,188)	2,359,195
(f) Deferred Tax Liabilities	(975,564)	(240,035)	(1,215,599)
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 3,394,947	\$ 179,847	\$ 3,574,794

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.

NOTES TO FINANCIAL STATEMENTS

(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:

12/31/2024			
(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.	\$ 13,606,495	\$ —	\$ 13,606,495
(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)	173,758	60,952	234,710
1. Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	173,758	60,952	234,710
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	21,100,244
(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.	768,699	84,211	852,910
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 14,548,952	\$ 145,163	\$ 14,694,115

12/31/2023			
(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.	\$ 11,079,154	\$ —	\$ 11,079,154
(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)	223,964	154,013	377,977
1. Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	223,964	154,013	377,977
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	20,228,714
(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.	826,451	51,338	877,789
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 12,129,569	\$ 205,351	\$ 12,334,920

Change			
(7)	(8)	(9)	
(Col 1-4)	(Col 2-5)	(Col 7+8)	Total
Ordinary	Capital		
Admission Calculation Components SSAP No. 101			
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.	\$ 2,527,341	\$ —	\$ 2,527,341
(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)	(50,206)	(93,061)	(143,267)
1. Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	(50,206)	(93,061)	(143,267)
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	871,530
(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.	(57,752)	32,873	(24,879)
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 2,419,383	\$ (60,188)	\$ 2,359,195

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.

NOTES TO FINANCIAL STATEMENTS

(3)		2024	2023
(a)	Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	345.48 %	519.36 %
(b)	Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 140,668,293	\$ 134,858,090

(4)	12/31/2024		12/31/2023		Change	
	(1)	(2)	(3)	(4)	(5)	(6)
	Ordinary	Capital	Ordinary	Capital	(Col 1-3) Ordinary	(Col 2-4) Capital
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)					
	\$14,548,952	\$165,480	\$12,129,569	\$205,351	\$ 2,419,383	\$(39,871)
2.	Percentage of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies					
	0.00 %	49.11 %	0.00 %	0.00 %	0.00 %	49.11 %
3.	Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)					
	\$14,548,952	\$145,163	\$12,129,569	\$205,351	\$ 2,419,383	\$(60,188)
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		X	

B. The Company has no unrecognized deferred tax liabilities at December 31, 2024 and 2023.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.

NOTES TO FINANCIAL STATEMENTS

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

	(1)	(2)	(3)
	12/31/2024	12/31/2023	(Col 1-2) Change
(1) Current Income Tax			
(a) Federal	\$ 16,133,566	\$ 9,847,846	\$ 6,285,720
(b) Foreign	—	—	—
(c) Subtotal	16,133,566	9,847,846	6,285,720
(d) Federal income tax expense on net capital gains	(716,602)	(2,198,824)	1,482,222
(e) Utilization of capital loss carry-forwards	—	—	—
(f) Other	—	—	—
(g) Federal and foreign income taxes incurred	\$ 15,416,964	\$ 7,649,022	\$ 7,767,942
(2) Deferred Tax Assets:			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 428,139	\$ 403,170	\$ 24,969
(2) Unearned premium reserve	1,304,101	766,918	537,183
(3) Policyholder reserves	2,073,114	2,739,937	(666,823)
(4) Investments	—	—	—
(5) Deferred acquisition costs	—	—	—
(6) Policyholder dividends accrual	—	—	—
(7) Fixed assets	156,120	110,138	45,982
(8) Compensation and benefits accrual	—	—	—
(9) Pension accrual	—	—	—
(10) Receivables - nonadmitted	3,774,590	3,052,411	722,179
(11) Net operating loss carry-forward	—	—	—
(12) Tax credit carry-forward	—	—	—
(13) Other	6,812,888	5,056,995	1,755,893
(99) Subtotal (sum of 2a1 through 2a13)	14,548,952	12,129,569	2,419,383
(b) Statutory valuation allowance adjustment	—	—	—
(c) Nonadmitted	—	—	—
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	14,548,952	12,129,569	2,419,383
(e) Capital			
(1) Investments	1,682,493	205,351	1,477,142
(2) Net capital loss carry-forward	—	—	—
(3) Real estate	—	—	—
(4) Other	—	—	—
(99) Subtotal (2e1+2e2+2e3+2e4)	1,682,493	205,351	1,477,142
(f) Statutory valuation allowance adjustment	1,517,013	—	1,517,013
(g) Nonadmitted	20,317	—	20,317
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	145,163	205,351	(60,188)
(i) Admitted deferred tax assets (2d + 2h)	\$ 14,694,115	\$ 12,334,920	\$ 2,359,195
(3) Deferred Tax Liabilities:			
(a) Ordinary			
(1) Investments	\$ —	\$ —	\$ —
(2) Fixed assets	—	—	—
(3) Deferred and uncollected premium	—	—	—
(4) Policyholder reserves	—	—	—
(5) Other	14,355,749	15,331,313	(975,564)
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	14,355,749	15,331,313	(975,564)
(b) Capital			
(1) Investments	84,211	—	84,211
(2) Real estate	—	—	—
(3) Other	—	324,246	(324,246)
(99) Subtotal (3b1+3b2+3b3)	84,211	324,246	(240,035)
(c) Deferred tax liabilities (3a99 + 3b99)	14,439,960	15,655,559	(1,215,599)
(4) Net deferred tax assets/liabilities (2i - 3c)	\$ 254,155	\$ (3,320,639)	\$ 3,574,794

The table above includes market discount under deferred tax liabilities as ordinary investments for 2024. Market discount had been netted with capital investments in 2023. This change did not materially impact any amounts presented in the financial statements. The difference of market discount netted with capital investments is immaterial in the prior year presented above.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.

NOTES TO FINANCIAL STATEMENTS

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:

	2024	2023
Tax expense computed using federal statutory rate	\$ 11,010,069	\$ 8,709,306
Change in nonadmitted assets	167,878	(19,533)
Tax exempt income and dividend received deduction net of proration	(69,766)	(184,730)
Prior year true-up and adjustments	(748,881)	150,621
Tax settlements and contingencies	(6,705)	(3,727)
Valuation allowance	1,517,012	—
Other, net	1,167	1,086,540
Total	<u>\$ 11,870,774</u>	<u>\$ 9,738,477</u>
Federal income taxes incurred	\$ 15,416,964	\$ 7,649,022
Change in net deferred income taxes	(3,546,190)	2,089,455
Total statutory income taxes	<u>\$ 11,870,774</u>	<u>\$ 9,738,477</u>

E. Operating loss carryforwards:

- (1) The Company has no operating loss carryforwards and no corporate alternative minimum tax (“AMT”) credit carryforwards as of December 31, 2024 or 2023.
- (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
2024	\$ 16,828,547	\$ —	\$ 16,828,547
2023	11,612,020	—	11,612,020
2022	—	—	—

- (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, 2024 and 2023.

F. The following companies will be included in the consolidated federal income tax return with their parent Elevance Health, Inc. (“Elevance Health”) as of December 31, 2024 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, including corporate AMT, with affiliates subject to the tax sharing agreement is based upon separate income tax return calculations, including separate corporate AMT calculations, with credit for net operating losses and capital 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 net 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.

Albion Medical Group of Nevada, P.C.	Colorado State Infusion, Inc.
Albion Medical Partners of California, P.C.	Community Care Health Plan of Kansas, Inc.
Albion Medical Partners of California West, P.C.	Community Care Health Plan of Nebraska, Inc.
Albion Medical Partners of Illinois, S.C.	Community Care Health Plan of Nevada, Inc.
Alliance Care Management, LLC	Community Insurance Company
Amerigroup Mississippi, Inc.	Compcare Health Services Insurance Corporation
Amerigroup Pennsylvania, Inc.	Crossroads Acquisition Corp.
AMGP Georgia Managed Care Company, Inc.	DeCare Analytics, LLC
Anthem Benefits Agency, Inc.	DeCare Dental Health International, LLC
Anthem Blue Cross Life and Health Insurance Company	DeCare Dental Networks, LLC
Anthem Financial, Inc.	DeCare Dental, LLC
Anthem HealthChoice Assurance, Inc.	Designated Agent Company, Inc.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.
NOTES TO FINANCIAL STATEMENTS

Anthem HealthChoice HMO, Inc.	Elevance Health, Inc
Anthem Health Plans of Kentucky, Inc.	Elevance Health Information Technology Services, Inc.
Anthem Health Plans of Maine, Inc.	ELV Holding Company 2, LLC
Anthem Health Plans of New Hampshire, Inc.	ELV Holding Company 3, LLC
Anthem Health Plans of Virginia, Inc.	ELV Holding Company 4, LLC
Anthem Health Plans, Inc.	Federal Government Solutions, LLC
Anthem Holding Corp.	Freedom Health, Inc.
Anthem HP, LLC	Freedom SPV, Inc.
Anthem Insurance Companies, Inc.	Golden West Health Plan, Inc.
Anthem Kentucky Managed Care Plan, Inc.	HaloCare Specialty Therapeutics, LLC
Anthem Southeast, Inc.	Healthkeepers, Inc.
APR, LLC	HealthLink Administrators, Inc.
Arcus Enterprises, Inc.	HealthLink, Inc.
Associated Group, Inc.	HealthSun Health Plan, Inc.
AUMSI UM Services, Inc.	Healthy Alliance Life Insurance Company
Beacon Health Financing, LLC	HMO Colorado, Inc.
Beacon Health Options Holdco, Inc.	HMO Missouri, Inc.
Beacon Health Vista Parent, Inc.	IEC Group Holdings, Inc.
BioPlus Parent, LLC	IEC Group, Inc. d/b/a AmeriBen
BioPlus Specialty Holding Company, LLC	Innovative Pharmacy Services, LLC
BioPlus Specialty Infusion Holdings, Inc.	LDNR Pharmacy, Inc.
BioPlus Specialty Pharmacy Holdings, Inc.	Living Complete Technologies, Inc.
BioPlus Specialty Pharmacy Holdings I, Inc.	Massachusetts Behavioral Health Partnership
BioPlus Specialty Pharmacy Holdings II, Inc.	Matthew Thornton Health Plan, Inc.
BioPlus Specialty Pharmacy, Inc.	Missouri Care, Incorporated
BioPlus Specialty Pharmacy LA, LLC	Nash Holding Company, LLC
Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	National Government Services, Inc.
Blue Cross Blue Shield of Wisconsin	New England Research Institutes, Inc.
Blue Cross of California	Optimum Healthcare, Inc.
Blue Cross of California Partnership Plan, Inc.	OPTIONS Health Care, Inc.
Carebridge Holding Company, LLC	Paragon Healthcare, Inc.
Carelon Behavioral Care, Inc.	Paragon Holding Company, LLC
Carelon Behavioral Health Holdings, Inc.	Paragon Infusion Care Inc.
Carelon Behavioral Health, Inc.	Pathwrite, Inc.
Carelon Behavioral Health IPA, Inc.	PHI Parent, LLC
Carelon Behavioral Health of California, Inc.	RightCHOICE Managed Care, Inc.
Carelon Behavioral Health Strategies IPA, LLC	Rocky Mountain Hospital and Medical Service, Inc.
Carelon Digital Platforms, Inc.	RSV QOZB LTSS, Inc.
Carelon Global Solutions U.S., Inc.	SellCore, Inc.
Carelon Health Federal Services, Inc.	Simply Healthcare Plans, Inc.
Carelon Health, Inc.	Southeast Services, Inc.
Carelon Health IPA of California	State Sponsored Services, Inc.
Carelon Health IPA of New York, Inc.	The Elevance Health Companies, Inc.
Carelon Health of Arizona, Inc.	The Elevance Health Companies of California, Inc.
Carelon Health of California, Inc.	TrustSolutions, LLC
Carelon Health of Nevada, Inc.	WellPoint California Services, Inc.
Carelon Health of New Jersey, Inc.	Wellpoint Corporation
Carelon Health of Pennsylvania, Inc.	Wellpoint Delaware, Inc.
Carelon Health Solutions, Inc.	WellPoint Dental Services, Inc.
Carelon Holdings I, Inc.	Wellpoint District of Columbia, Inc.
Carelon, Inc.	WellPoint Federal Corporation
Carelon Insights, Inc.	WellPoint Health Solutions, Inc.
Carelon Management Services, Inc.	WellPoint Holding Corporation
Carelon Medical Benefits Management, Inc.	Wellpoint Illinois Services, Inc.
Carelon Medical Partners, P.C.	Wellpoint Insurance Company
Carelon Medical Partners of Arizona, P.C.	WellPoint Insurance Services, Inc.
Carelon Medical Partners of Colorado, P.C.	Wellpoint Iowa, Inc.
Carelon Medical Partners of Kansas, P.A.	Wellpoint IPA Holding Company, Inc.
Carelon Medical Partners of New York, P.C.	Wellpoint Life and Health Insurance Company
Carelon Medical Partners of North Carolina, P.C.	Wellpoint Maryland, Inc.
Carelon Medical Partners of Texas, P.A.	Wellpoint National Services, Inc.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.

NOTES TO FINANCIAL STATEMENTS

Carelon Palliative Care, Inc.	Wellpoint New Jersey, Inc.
Carelon Post Acute Solutions, Inc.	Wellpoint New Mexico, Inc.
Carelon Research, Inc.	Wellpoint Ohio, Inc.
CarelonRx, Inc.	Wellpoint South Carolina, Inc.
CarelonRx Pharmacy, Inc.	Wellpoint Specialty Services, Inc.
Caremax Pharmacy of Loudon, Inc.	Wellpoint Tennessee, Inc.
CareMore Health of Arizona, Inc.	Wellpoint Texas, Inc.
CareMore Health Plan of Texas, Inc.	Wellpoint Washington, Inc.
Centers Plan for Healthy Living LLC	Wellpoint West Virginia, Inc.
Cerulean Companies, Inc.	WestCare, Inc.
Claim Management Services, Inc.	Wisconsin Collaborative Insurance Company

G. Not applicable.

H. Repatriation Transition Tax (RTT)

Not applicable.

I. Alternative Minimum Tax (AMT) Credit

(1) On August 16, 2022, the U.S. government enacted the Inflation Reduction Act which includes a new corporate AMT of 15% on the adjusted financial statement of income ("AFSI") of corporations with average AFSI exceeding \$1.0 billion over a three-year period. The corporate AMT is effective beginning after December 31, 2022. The controlled group of corporations, of which the Company is a member, has determined it is an applicable corporation for purposes of determining if the corporate AMT exceeds the regular federal income tax payable. The controlled group has determined that it does not expect to be subject to the corporate AMT in 2024.

The Company is an applicable reporting entity, not individually as an unaffiliated corporation, but as a member of a tax-controlled group of corporations. The Company does not expect to be subject to the corporate AMT in 2024.

(2) An accounting policy election has been made to disregard corporate AMT when evaluating the need for a valuation allowance for its regular tax deferred tax assets.

(3) The controlled group of corporations, of which the Company is a member, has not made any material modifications to the methodology used to project the corporate AMT liability.

(4) Does the Company’s tax-planning strategies include the use of corporate AMT?
Yes_____ No X

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 Elevance Health, a publicly traded company.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.

NOTES TO FINANCIAL STATEMENTS

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 \$33,800,000 on December 18, 2024. The Company paid the dividend to its parent company, ATH Holding, on December 30, 2024.

The Board of Directors of the Company declared an ordinary dividend in the amount of \$49,000,000 on December 15, 2023. The Company paid the dividend to its parent company, ATH Holding, on December 28, 2023.

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, 2024, the Company reported \$112,986,920 due from affiliates. At December 31, 2024, the Company reported no amounts due to affiliates. At December 31, 2023, the Company reported no amounts due from affiliates. At December 31, 2023, the Company reported \$54,745,026 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:

	2024	2023
The Elevance Health Companies, Inc.		
Payroll and Employee Administrative Services	\$ 51,190,716	\$ 59,933,053
Elevance Health, Inc.		
Federal Income Tax Payments	(6,393,579)	6,532,399
Corporate Services	20,404,604	22,676,536
Information Technology Services	9,191,979	3,351,247
Anthem Insurance Companies, Inc.		
Information Technology Services	—	—
Corporate Services	473,057	445,049
WellPoint Information Technology Services, Inc.		
Information Technology Services	3,928,449	3,908,844
Corporate Services	1,504,610	1,198,493
Blue Cross of California		
Corporate Services	70,661	32,503
Information Technology Services	1	134
Anthem Health Plans, Inc.		
Claims Processing	19,233	39,649
Corporate Services	4,483	(16,288)
Anthem Health Plans of New Hampshire, Inc.		
Corporate Services	1,780	(144)
Anthem Health Plans of Virginia, Inc.		
Information Technology Services	495	1,981
Corporate Services	(2,198)	(71,252)
Costs allocated from other Elevance Health, Inc. affiliates not listed above	12,394,085	1,453,206
Total Schedule Y, Part 2, Column 8	<u>\$ 92,788,376</u>	<u>\$ 99,485,410</u>

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.
NOTES TO FINANCIAL STATEMENTS

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, dental benefits management services, health care management services, 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 services including behavioral health, palliative care, utilization management, payment integrity services, subrogation services as well as health and wellness programs 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.

There were no changes to the intercompany management and service arrangements, and there were no additional arrangements entered into during 2024 or 2023. The amounts of transactions under such agreements are presented in Schedule Y, Part 2.

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.

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 Elevance Health.

H. Amount Deducted for Investment in Upstream Company

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

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

At December 31, 2024 and 2023, the Company did not have investments in affiliates.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.
NOTES TO FINANCIAL STATEMENTS

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, 2024 and 2023.

B. FHLB (Federal Home Loan Bank) Agreements

The Company had no FHLB agreements outstanding at December 31, 2024 and 2023.

C. All Other Debt

The Company had no other debt outstanding at December 31, 2024 and 2023.

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.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.
NOTES TO FINANCIAL STATEMENTS

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 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 Elevance Health, providing incentive awards to non-employee directors and employees, consisting of Elevance Health stock options, restricted stock, restricted stock units, stock appreciation rights, performance shares, and performance units. Elevance Health 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.

During 2024 and 2023, the Company was allocated the following costs or (credits) for these retirement benefits:

	2024	2023
Defined contribution plan	\$ 1,387,943	\$ 1,324,855
Stock incentive compensation plan	1,446,916	1,369,243

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, 2024, 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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.
NOTES TO FINANCIAL STATEMENTS

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 2025

Within the limitations of (C) above, the Company may pay \$14,443,521 in ordinary dividends during 2025 without restrictions, other than state notification requirements.

F. Unassigned Surplus Restrictions

Unassigned surplus funds are not restricted at December 31, 2024.

G. Mutual Surplus Advances

Not applicable.

H. Company Stock Held for Special Purpose

There are no shares of stock held for special purposes at December 31, 2024.

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 (\$184,037) at December 31, 2024.

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, 2024 or 2023.

B. Assessments

(1) The Company is subject to guaranty fund and other assessments by the state(s) in which it writes business. Guaranty fund assessments are accrued at the time of

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.

NOTES TO FINANCIAL STATEMENTS

covered insurer insolvencies. Other assessments are accrued at the time the assessment obligation is 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	\$ —
b. Decreases current year:		
	Policy surcharges collected	—
	Policy surcharges charged off	—
	Premium tax offset applied	—
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>

(3) Not applicable.

C. Gain Contingencies

The Company has no gain contingencies at December 31, 2024 or 2023.

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 jurisdiction over the Penn Treaty rehabilitation proceeding. The Company and other insurers have paid state guaranty association assessments and may be obligated to pay

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.
NOTES TO FINANCIAL STATEMENTS

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

Elevance Health, Inc. is a defendant in multiple lawsuits that were initially filed in 2012 against the BCBSA and Blue Cross and/or Blue Shield licensees (the “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 U.S. 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® and National Accounts programs and other arrangements in violation of the Sherman Antitrust Act and related state laws. The cases were brought by two putative nationwide classes of plaintiffs, health plan subscribers and providers.

The BCBSA and Blue plans approved a settlement agreement and release with the subscriber plaintiffs (the “Subscriber Settlement Agreement”), which agreement required the Court’s approval to become effective. The Subscriber Settlement Agreement requires the defendants to make a monetary settlement payment and contains certain terms imposing non-monetary obligations including (i) eliminating the “national best efforts” rule in the BCBSA 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.

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. A small number of subscribers submitted valid opt-outs by the opt-out deadline.

In August 2022, the Court issued a final order approving the Subscriber Settlement Agreement (the “Final Approval Order”). The Court amended its Final Approval Order in September 2022, further clarifying the injunctive relief that may be available to subscribers who submitted valid opt-outs. The ultimate amount paid by Elevance Health under the Subscriber Settlement Agreement was \$604,000,000.

Four notices of appeal of the Final Approval Order were heard by a panel of the United States Court of Appeals for the Eleventh Circuit (the “Eleventh Circuit”) in September 2023, and the Eleventh Circuit affirmed the Court’s Final Approval Order approving the Subscriber Settlement Agreement in October 2023. Petitions for rehearing were filed by certain appellants in November 2023 and December 2023 and were denied in January 2024. As a result, the Eleventh Circuit issued a mandate terminating the jurisdiction of the Eleventh Circuit in February 2024. In March 2024, Home Depot, one of the appellants, filed a petition for certiorari to the United States Supreme Court (the “Supreme Court”). On the respondents’ request, the Supreme Court granted an extension to respond until May 2024. In April 2024, David Behenna, another appellant, filed a petition for certiorari to the Supreme Court, and the defendants and the subscriber plaintiffs filed briefs in opposition in May 2024. In June 2024, the Supreme Court declined to grant certiorari, exhausting all appellate rights. The Subscriber Settlement Agreement and the defendants’ payment and non-monetary obligations under the Subscriber Settlement Agreement became effective in June 2024, with the request for second Blue plan bid provisions effective in September 2024. The funds held in escrow will be distributed in accordance with the Subscriber Settlement Agreement.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.
NOTES TO FINANCIAL STATEMENTS

A number of follow-on cases involving entities that opted out of the Subscriber Settlement Agreement have been filed. Those actions are: *Alaska Air Group, Inc., et al. v. Anthem, Inc., et al.*, No. 2:21-cv-01209-AMM (N.D. Ala.); *JetBlue Airways Corp., et al. v. Anthem, Inc., et al.*, No. 2:22-cv-00558-GMB (N.D. Ala.); *Metropolitan Transportation Authority v. Blue Cross and Blue Shield of Alabama et al.*, No. 2:22-cv-00265-RDP (N.D. Ala.) (dismissed without prejudice in June 2023); *Bed Bath & Beyond Inc. v. Anthem, Inc.*, No. 2:22-cv-01256-SGC (N.D. Ala.); *Hoover, et al. v. Blue Cross Blue Shield Association, et al.*, No. 2:22-cv-00261-RDP (N.D. Ala.); and *VHS Liquidating Trust v. Blue Cross of California, et al.*, No. RG21106600 (Cal. Super.). In February 2023, the Court denied the defendants' motion to dismiss based on a statute of limitations defense in *Alaska Air* and *Jet Blue*. In September 2023, the California court presiding over the *VHS* case, upheld its prior order granting in part defendants' motion to strike based on the statute of limitations. Elevance Health intends to continue to vigorously defend these follow-on cases, which they believe are without merit; however, their ultimate outcome cannot be presently determined.

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 determined the standard of review applicable to the providers' claims. In response to that order, the parties filed renewed standard of review motions, and in June 2021, the parties filed summary judgment motions not critically dependent on class certification. In February 2022, the court issued orders (i) granting certain defendants' motion for partial summary judgment against the provider plaintiffs who had previously released claims against such defendants, and (ii) granting the provider plaintiffs' motion for partial summary judgment, determining that *Ohio v. American Express Co.* does not affect the standard of review in this case. In August 2022, the Court issued orders (i) granting in part the defendants' motion regarding the antitrust standard of review, holding that for the period of time after the elimination of the "national best efforts" rule, the rule of reason applies to the provider plaintiffs' market allocation conspiracy claims, and (ii) denying the provider plaintiffs' motion for partial summary judgment on the standard of review, reaffirming its prior holding that the provider groups' boycott claims are subject to the rule of reason. In December 2023, the Court denied defendants' motion for summary judgment on providers' damage claims as time-barred and speculative and provider plaintiffs' motion for partial summary judgment on the defendants' single entity defense due to the existence of genuine issues of material fact. In January 2024, the Court issued orders (i) denying defendants' motion for summary judgment on (a) all claims by certain hospital providers and (b) any claims based on the Blue system's rules other than exclusive services areas or BlueCard and (ii) denying provider plaintiffs' motion for partial summary judgment on defendants' common law trademark claims. Provider plaintiffs' motion for partial summary judgment on defendants' common law trademark claims.

In the third quarter of 2024, the BCBSA, along with individually named Blue plans approved a settlement agreement and release (the "Provider Settlement Agreement") with the provider plaintiffs, and in October 2024 the provider plaintiffs filed a motion for preliminary approval with the Court. The Court granted preliminary approval of the provider settlement on December 4, 2024. If finally approved by the Court, the Provider Settlement Agreement will require defendants to make a monetary settlement payment, Elevance Health's portion of which is estimated to be \$666,000,000, and will contain certain non-monetary terms including (i) expansion of certain opportunities to contract with providers in contiguous service areas, (ii) certain prompt pay commitments, and (iii) various technological enhancements to the BlueCard program. Elevance Health recognized their estimated payment obligation under the Provider Settlement Agreement of \$666,000,000 in September 2024. Providers Plaintiff's motion for class certification remain pending. The Company recorded its portion of the Provider Settlement Agreement in 2024.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.
NOTES TO FINANCIAL STATEMENTS

Express Scripts, Inc. Pharmacy Benefit Management Litigation

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

Express Scripts has disputed Elevance Health’s contractual claims and it sought declaratory judgments: (i) regarding the timing of the periodic pricing review under the ESI Agreement, and (ii) that it has no obligation to ensure that Elevance Health receives any specific level of pricing, that Elevance Health has no contractual right to any change in pricing under the ESI Agreement and that its sole obligation is to negotiate proposed pricing terms in good faith. In the alternative, Express Scripts claims that Elevance Health has been unjustly enriched by its payment of \$4,675,000,000 at the time they entered into the ESI Agreement. In March 2017, the District Court granted Elevance Health’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. After such ruling, Express Scripts’ only remaining claims were for breach of contract and declaratory relief. In August 2021, Express Scripts filed a motion for summary judgment, which Elevance Health opposed. In March 2022, the District Court granted in part and denied in part Express Scripts’ motion for summary judgment. The District Court dismissed Elevance Health’s declaratory judgment claim, Elevance Health’s breach of contract claim for failure to prove damages and most of Elevance Health’s operational breach claims. As a result of the summary judgment decision, the only remaining claims as of the filing of this Annual Report are (i) Elevance Health’s operational breach claim based on Express Scripts’ prior authorization processes and (ii) Express Scripts’ counterclaim for breach of the market check provision of the ESI Agreement. Express Scripts filed a second motion for summary judgment in June 2022, challenging Elevance Health’s remaining operational breach claims, which the District Court denied in March 2023. In November 2023, the District Court issued a final judgment ending the lawsuit in the District Court after the parties settled and stipulated to dismiss the only remaining claim that had not been disposed of by the court order or stipulation. In December 2023, Elevance Health filed a notice of appeal with the United States Court of Appeals for the Second Circuit, regarding the Pricing Claim. Mediation ordered by the Second Circuit occurred in March 2024 and was unsuccessful. Oral argument before the Second Circuit was held in October 2024. In November 2024, the Court affirmed the trial court’s decision dismissing the case. A motion for rehearing was submitted which was denied. The matter is now closed.

Medicare Risk Adjustment Litigation

In March 2020, the U.S. Department of Justice (“DOJ”) filed a civil lawsuit against Elevance Health, Inc. in the District Court in a case captioned *United States v. Anthem, Inc.* The DOJ’s suit alleges, among other things, that Elevance Health 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, Elevance Health caused CMS to calculate the risk-adjustment payments based on inaccurate diagnosis information, which enabled Elevance Health to obtain unspecified amounts of payments in Medicare funds in violation of the False

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.
NOTES TO FINANCIAL STATEMENTS

Claims Act. The DOJ filed an amended complaint in July 2020, alleging the same causes of action but revising some of its factual allegations. In September 2020, Elevance Health 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, all of which the District Court denied in October 2022. In November 2022, Elevance Health filed an answer. In March 2023, discovery commenced, and an initial case management conference was held in April 2023. Fact discovery is ongoing. In December 2024, the District Court issued a scheduling order setting the deadlines for the completion of fact discovery in August 2025 and April 2026 for the completion of expert discovery. Elevance Health 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 and certain of its subsidiaries are parties to various legal proceedings, many of which involve claims for coverage encountered in the ordinary course of business. The Company, like Health Maintenance Organizations (“HMOs”) and health insurers generally, exclude certain healthcare and other services from coverage under their HMO, Preferred Provider Organizations and other plans. The Company is, in the ordinary course of business, subject to the claims of their 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 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 consolidated financial position or results of operations.

The Company has no other known material contingencies.

Provisions for uncollectible amounts

At December 31, 2024 and 2023, the Company reported admitted assets of \$145,336,596 and \$121,361,853, respectively, in premium receivables and receivables due from uninsured plans. Based upon the Company’s experience, any uncollectible receivables are not expected to exceed \$23,501,103 that was nonadmitted at December 31, 2024; 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.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.

NOTES TO FINANCIAL STATEMENTS

There are no escalation clauses for any lease. Related lease expense for 2024 and 2023 was \$434,056 and \$501,820, respectively.

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, 2024 and 2023, the Company has lease exit costs liabilities of \$4,472,353 and \$6,636,395, respectively, included in general expenses due or accrued on the balance sheet.

(2) At December 31, 2024, the minimum aggregate rental commitments are as follows:

	Year Ending December 31	Operating Leases
1.	2025	\$ 1,837,660
2.	2026	1,837,660
3.	2027	1,071,968
4.	2028	—
5.	Thereafter	—
6.	Total (sum of 1 through 5)	<u>\$ 4,747,288</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 as a lessor.
- (2) The Company has not entered into any leveraged leases.

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, 2024, 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, 2024 and 2023.

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, 2024 the fair value of securities loaned was \$1,666,007 and the carrying value of securities loaned was \$1,858,249
- (2) - (7) Not applicable.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.

NOTES TO FINANCIAL STATEMENTS

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, 2024 and 2023, 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 2024 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	\$ 105,489	\$ (1,479,327)	\$ (1,373,838)
b. Total net other income or expenses (including interest paid to or received from plans)	—	—	—
c. Net gain or (loss) from operations	\$ 105,489	\$ (1,479,327)	\$ (1,373,838)
d. Total claim payment volume	\$ 12,475,614	\$ 26,964,857	\$ 39,440,471

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 2024 was:

	ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASC
a. Gross reimbursement for medical cost incurred	\$ 480,445,171	\$ —	\$ 480,445,171
b. Gross administrative fees accrued	29,210,719	—	29,210,719
c. Other income or expenses (including interest paid to or received from plans)	—	—	—
d. Gross expenses incurred (claims and administrative)	(505,593,432)	—	(505,593,432)
e. Total gain or (loss) from operations	\$ 4,062,458	\$ —	\$ 4,062,458

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.
- (2)

Receivable from	Related to	2024	2023
Federal government	ACA and Medicare cost sharing and reinsurance programs	\$ 2,256,427	\$ 946,533
State government	ACA cost sharing and reinsurance programs, including Section 1332	\$ 7,101,449	\$ 5,575,655
Uninsured plans	Uninsured business, not including pharmaceutical rebate or provider receivables	\$ 53,255,105	\$ 45,650,422

- (3) As no revenue is recorded in connection with the cost share and reinsurance components of the Company’s Medicare or similarly structured cost-based

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.

NOTES TO FINANCIAL STATEMENTS

reimbursement arrangements, 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, 2024 and 2023.

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	\$ —	\$ 1,736,313	\$ —	\$ —	\$ 1,736,313
Total bonds	\$ —	\$ 1,736,313	\$ —	\$ —	\$ 1,736,313
Cash equivalents					
Industrial and miscellaneous money market funds	\$ 48,000,000	\$ —	\$ —	\$ —	\$ 48,000,000
Total cash equivalents	\$ 48,000,000	\$ —	\$ —	\$ —	\$ 48,000,000
Total assets at fair value/NAV	\$ 48,000,000	\$ 1,736,313	\$ —	\$ —	\$ 49,736,313

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

There are no investments in Level 3 as of December 31, 2024 and 2023.

- (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,

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.

NOTES TO FINANCIAL STATEMENTS

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, 2024 and 2023.

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	\$ 79,209,675	\$ 85,110,581	\$ —	\$ 79,209,675	\$ —	\$ —	\$ —
Cash equivalents	56,300,000	56,300,000	48,000,000	8,300,000	—	—	—
Securities lending collateral asset	1,700,499	1,700,168	—	1,700,499	—	—	—

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

Not applicable at December 31, 2024 and 2023.

B. Troubled Debt Restructuring: Debtors

Not applicable at December 31, 2024 and 2023.

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 \$788,385 and \$809,417 at December 31, 2024 and 2023, 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,

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.
NOTES TO FINANCIAL STATEMENTS

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 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 \$16,115,258 and \$51,580,259 as of December 31, 2024 and 2023, 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 67.3% and 61.5% of premiums receivable as of December 31, 2024 and 2023, respectively. FEP represented approximately 21.3% and 22.7% of net premiums written for the years ended December 31, 2024 and 2023, respectively.

D. Business Interruption Insurance Recoveries

The Company has reported no recoveries for business interruption for the years ended December 31, 2024 and 2023.

E. State Transferable and Non-Transferable Tax Credits

The Company did not have state transferable or non-transferable tax credits at December 31, 2024 and 2023.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.

NOTES TO FINANCIAL STATEMENTS

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 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 Elevance Health Investment Impairment Review Committee.
- (2) The Company did not carry investments in subprime mortgage loans in its portfolio at December 31, 2024 or 2023.
- (3) At December 31, 2024, 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	\$ 1,220,539	\$ 1,215,161	\$ 1,131,906	\$ —
b. Commercial mortgage-backed securities	—	—	—	—
c. Collateralized debt obligations	—	—	—	—
d. Structured securities	—	—	—	—
e. Equity investments in SCAs	—	—	—	—
f. Other assets	—	—	—	—
g. Total	\$ 1,220,539	\$ 1,215,161	\$ 1,131,906	\$ —

- (4) The Company did not underwrite Mortgage Guaranty or Financial Guaranty insurance coverage at December 31, 2024 or 2023.

G. Retained Assets

The Company does not have retained assets at December 31, 2024 and 2023.

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 27, 2025 for the statutory statement issued on February 28, 2025. There were no events occurring subsequent to December 31, 2024 requiring recognition or disclosure.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.
NOTES TO FINANCIAL STATEMENTS

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.

(\$1,364)

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.

NOTES TO FINANCIAL STATEMENTS

(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 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, 2024 and 2023.

C. Commutation of Ceded Reinsurance

The Company has not commuted ceded reinsurance during 2024 and 2023.

D. Certified Reinsurer Rating Downgraded or Status Subject Revocation

The Company has no downgraded certified reinsurer ratings or status subject to revocations during 2024 and 2023.

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, 2024 and 2023 that were subject to retrospective rating features was \$1,340,307,988 and \$1,194,741,630, respectively, which represented 98.0% and 98.0%, 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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.

NOTES TO FINANCIAL STATEMENTS

(“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 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	\$ (161,200)	\$ 435,108	\$ —	\$ —	\$ 273,908
(2) Medical loss ratio rebates paid	2,975,482	435,108	—	—	3,410,590
(3) Medical loss ratio rebates unpaid	400,000	—	—	—	400,000
(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	400,000
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$ —	\$ —	\$ —	\$ —	\$ —
(8) Medical loss ratio rebates paid	—	—	—	—	—
(9) Medical loss ratio rebates unpaid	400,000	—	—	—	400,000
(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	\$ 400,000

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)?	Yes
(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)	\$ 944,413
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 114,699
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premiums)	\$ 10,793,248
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/ collected) due to ACA Risk Adjustment	\$ (1,073,081)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ 115,781

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.

NOTES TO FINANCIAL STATEMENTS

(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		Ref	Unsettled Balances as of the Reporting Date	
				Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
1	2	3	4	5	6	7	8		9	10
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program										
1. Premium adjustments receivable (including high risk pool payments)										
\$ 102,463	\$ —	\$ 4,896,569	\$ —	\$(4,794,106)	\$ —	\$ 4,795,341	\$ —	A	\$ 1,235	\$ —
2. Premium adjustments (payable) (including high risk pool premiums)										
\$ —	\$12,815,829	\$ —	\$ 7,839,585	\$ —	\$ 4,976,244	\$ —	\$(4,976,244)	B	\$ —	\$ —
3. Total ACA Permanent Risk Adjustment Program										
\$ 102,463	\$12,815,829	\$ 4,896,569	\$ 7,839,585	\$(4,794,106)	\$ 4,976,244	\$ 4,795,341	\$(4,976,244)		\$ 1,235	\$ —
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 2023 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 2023 Benefit Year."										

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 \$19,629,991 during 2024. This is approximately 14.7% of unpaid claims and claim adjustment expenses, net of healthcare receivables, of \$133,761,478 as of December 31, 2023. 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 2024. 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.

26. Intercompany Pooling Arrangements

Not applicable at December 31, 2024 and 2023.

27. Structured Settlements

Not applicable at December 31, 2024 and 2023.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.

NOTES TO FINANCIAL STATEMENTS

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
12/31/2024	\$ 8,884,501	\$ 24,016,451	\$ 15,131,950	\$ —	\$ —
9/30/2024	8,243,144	22,558,520	21,307,626	—	—
6/30/2024	7,748,655	20,994,908	19,556,530	1,438,378	—
3/31/2024	7,087,063	19,603,147	18,119,182	1,483,965	—
12/31/2023	6,973,103	18,095,868	16,994,785	1,101,083	—
9/30/2023	6,853,506	18,389,070	17,315,119	1,073,951	—
6/30/2023	6,424,656	16,835,952	15,859,593	976,358	—
3/31/2023	6,354,349	15,591,917	14,240,920	1,350,997	—
12/31/2022	6,412,710	15,164,704	13,639,403	1,525,301	—
9/30/2022	5,680,222	14,471,827	13,243,187	1,228,640	—
6/30/2022	5,520,503	14,738,163	13,341,188	1,396,975	—
3/31/2022	6,101,461	13,712,502	12,487,769	1,224,733	—

Note: Amounts within column "Estimated pharmacy rebates as reported on financial statements" include \$638,380 of uninsured admitted pharmacy rebate receivables at December 31, 2024 that are reported within Pg 2, Ln 17 "Amounts receivable relating to uninsured plans."

B. Risk Sharing Receivables

Not applicable at December 31, 2024 and 2023.

29. Participating Policies

Not applicable at December 31, 2024 and 2023.

30. Premium Deficiency Reserves

The Company had no liabilities related to premium deficiency reserves as of December 31, 2024 and 2023.

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 \$436,000 and \$322,000 at December 31, 2024 and 2023, 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?
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

Yes [X] No []

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.

12/31/2022

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 [] No [] N/A [X]

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?
4.12 renewals?

Yes [] No [X]
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?
4.22 renewals?

Yes [] No [X]
Yes [] No [X]

5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
If yes, complete and file the merger history data file with the NAIC.

Yes [] No [X]

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, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

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 locations (city and state of the main office) of any affiliates regulated by a federal financial 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 depository institution holding company?

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?
Alexander S. Weldon FSA, MAAA, Associate Actuary 1860 McQuat Place Indianapolis, IN 46202
- 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 [X] No []
- 14.21

If the response to 14.2 is yes, provide information related to amendment(s).
1.Changes to lobbying section to clarify that the policies in the section apply to foreign government officials as well as domestic. 2.Changes to the Gifts and Special Courtesies section to ensure language on the process for requesting an exception to the prohibition on gifts to government officials. 3.Changes to the Code of Conduct to strengthen and clarify the scope and guiding principles for human rights and the grievance process. 4.Added provisions for the use of Generative AI and Large Language Models (LLMs) and expanded to clarify that vendors / suppliers are required to adhere to RAI policies and guidelines. 5.Added references to the Ireland Criminal Justice Act.
- 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?
- 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.
- Yes [] No [X]

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?
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?
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 or is likely to conflict with the official duties of such person?
- Yes [X] No []
- Yes [X] No []
- 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)?
- 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?
- 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?
- 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
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
- 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?
- 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.
- Yes [] No [X]
- Yes [X] No []
- \$ 0
- \$ 0
- \$ 0
- \$ 0
- \$ 0
- \$ 0
- \$ 0
- \$ 0
- Yes [] No [X]
- \$ 112,986,920
- Yes [] No [X]

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. \$ 1,700,168

25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$ 0

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 [X] No [] N/A []

25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [X] 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 [X] 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 \$ 1,700,499

25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 1,700,168

25.093 Total payable for securities lending reported on the liability page \$ 1,700,168

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 [X] No []

26.2 If yes, state the amount thereof at December 31 of the current year:

26.21 Subject to repurchase agreements \$ 0

26.22 Subject to reverse repurchase agreements \$ 8,300,000

26.23 Subject to dollar repurchase agreements \$ 0

26.24 Subject to reverse dollar repurchase agreements \$ 0

26.25 Placed under option agreements \$ 0

26.26 Letter stock or securities restricted as to sale -
excluding FHLB Capital Stock \$ 0

26.27 FHLB Capital Stock \$ 0

26.28 On deposit with states \$ 788,385

26.29 On deposit with other regulatory bodies \$ 0

26.30 Pledged as collateral - excluding collateral pledged to
an FHLB \$ 0

26.31 Pledged as collateral to FHLB - including assets
backing funding agreements \$ 0

26.32 Other \$ 0

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 [X]

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 [X]

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:

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 [X]

28.2 If yes, state the amount thereof at December 31 of the current year. \$ 0

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 [X] 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

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. This includes both primary and sub-advisors. 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
Elevance Health, 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 [] No [X]

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
104559	Pacific Investment Management Company	549300KGPYQZXGMYYN38	Securities Exchange Commission	NO.....
105377	Loomis, Sayles & Company, LP	J1ZPN2RX3UMNOYID1313	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	93,410,580	87,509,675	(5,900,905)
31.2 Preferred stocks	0		0
31.3 Totals	93,410,580	87,509,675	(5,900,905)

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 [] No [X]

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 [] 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:
.....

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 its compliance with the requirements as specified in the Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:
a. The security was either:
i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
c. The NAIC Designation and NAIC Designation Category were 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, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.
Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual? 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

- 38.1 Does the reporting entity directly hold cryptocurrencies? Yes [] No [X]
- 38.2 If the response to 38.1 is yes, on what schedule are they reported?
.....
- 39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? Yes [] No [X]
- 39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?
39.21 Held directly Yes [] No []
39.22 Immediately converted to U.S. dollars Yes [] No []
- 39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1	2	3
Name of Cryptocurrency	Immediately Converted to USD, Directly Held, or Both	Accepted for Payment of Premiums

OTHER

- 40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$207,438
- 40.2 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	2
Name	Amount Paid
Blue Cross Blue Shield Association .....	.....207,438
- 41.1 Amount of payments for legal expenses, if any?\$806,639
- 41.2 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	2
Name	Amount Paid
- 42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any?\$123,893
- 42.2 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	2
Name	Amount Paid
Preti Flaherty Beliveau Pachios LLP .....	.....59,994
Serlin Haley .....	.....57,137
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 2024 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.

\$ 57,688,209

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.

\$ 48,390,139

1.6

Individual policies:

Most current three years:

1.61

Total premium earned

\$ 11,074,495

1.62

Total incurred claims

\$ 11,113,611

1.63

Number of covered lives

4,310

All years prior to most current three years:

1.64

Total premium earned

\$ 46,613,714

1.65

Total incurred claims

\$ 37,276,528

1.66

Number of covered lives

16,337

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

1,437,911,733

1,249,876,976

2.2

Premium Denominator

1,437,911,733

1,249,876,976

2.3

Premium Ratio (2.1/2.2)

1.000

1.000

2.4

Reserve Numerator

181,886,182

248,205,116

2.5

Reserve Denominator

181,886,182

248,205,116

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:
Elevance Health, 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, Elevance Health, 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

28,171

8.2

Number of providers at end of reporting year

14,703

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 [X] No []

10.2 If yes:

10.21 Maximum amount payable bonuses.....\$1,630,301

10.22 Amount actually paid for year bonuses.....\$6,827,817

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 [X]

11.13 An Individual Practice Association (IPA), or, Yes [] No [X]

11.14 A Mixed Model (combination of above)? Yes [] No [X]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] 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. \$ 101,792,585

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

11.6 If the amount is calculated, show the calculation
250% of Health Risk-Based Capital Authorized Control Level (250% x \$40,717,034)

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 [X]

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 [X]

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 [X] 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 gurantee)
Universal Life (with or without secondary gurantee)
Variable Universal Life (with or without secondary gurantee)

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

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 [X]

FIVE-YEAR HISTORICAL DATA

	1 2024	2 2023	3 2022	4 2021	5 2020
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	433,507,964	543,614,331	740,507,952	683,378,987	619,182,017
2. Total liabilities (Page 3, Line 24)	292,585,516	408,756,241	586,880,724	537,089,035	463,474,195
3. Statutory minimum capital and surplus requirement	101,792,585	64,914,968	55,890,893	56,281,085	38,008,613
4. Total capital and surplus (Page 3, Line 33)	140,922,448	134,858,090	153,627,228	146,289,952	155,707,822
Income Statement (Page 4)					
5. Total revenues (Line 8)	1,437,911,733	1,249,876,976	1,202,014,061	1,166,425,411	1,109,882,018
6. Total medical and hospital expenses (Line 18)	1,274,375,865	1,106,398,504	1,053,915,609	1,025,317,502	908,584,293
7. Claims adjustment expenses (Line 20)	33,194,420	33,376,055	38,087,644	35,679,930	38,964,007
8. Total administrative expenses (Line 21)	80,709,034	68,860,662	66,656,142	68,667,646	103,632,394
9. Net underwriting gain (loss) (Line 24)	49,632,414	41,241,755	43,354,666	36,760,333	58,701,324
10. Net investment gain (loss) (Line 27)	1,975,144	5,592,518	10,488,147	8,204,822	11,219,838
11. Total other income (Lines 28 plus 29)	1,537,945	(3,162,566)	514,554	(308,918)	(452,748)
12. Net income or (loss) (Line 32)	37,011,937	33,823,861	55,351,002	29,225,123	55,090,881
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	21,911,953	29,560,919	(66,198,638)	115,093,727	139,929,170
Risk-Based Capital Analysis					
14. Total adjusted capital	140,922,448	134,858,090	153,627,228	146,289,952	155,707,822
15. Authorized control level risk-based capital	40,717,034	25,965,987	22,356,357	22,512,434	15,203,445
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	343,655	310,493	369,894	407,540	393,293
17. Total members months (Column 6, Line 7)	4,036,860	3,847,998	4,518,984	4,864,236	4,737,356
Operating Percentage (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)	88.6	88.5	87.7	87.9	81.9
20. Cost containment expenses	1.2	1.3	1.7	1.6	1.7
21. Other claims adjustment expenses	1.1	1.3	1.5	1.5	1.8
22. Total underwriting deductions (Line 23)	96.5	96.7	96.4	96.8	94.7
23. Total underwriting gain (loss) (Line 24)	3.5	3.3	3.6	3.2	5.3
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	109,530,910	140,167,909	160,888,657	114,006,120	95,802,582
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)]	130,178,426	159,855,632	178,103,948	125,527,599	100,370,821
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0				
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)				0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)				0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)		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:

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories											
			1	Direct Business Only							
				2	3	4	5	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
States, etc.			Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI				
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	1,075,456,507	15,862			291,752,855			1,367,225,224
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
59.	Subtotal	XXX		1,075,456,507	15,862	0	0	291,752,855	0	0	1,367,225,224
60.	Reporting Entity Contributions for Employee Benefit Plans	XXX									0
61.	Totals (Direct Business)	XXX		1,075,456,507	15,862	0	0	291,752,855	0	0	1,367,225,224
DETAILS OF WRITE-INS											
58001.	.....	XXX									
58002.	.....	XXX									
58003.	.....	XXX									
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX		0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX		0	0	0	0	0	0	0	0

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 1

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

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

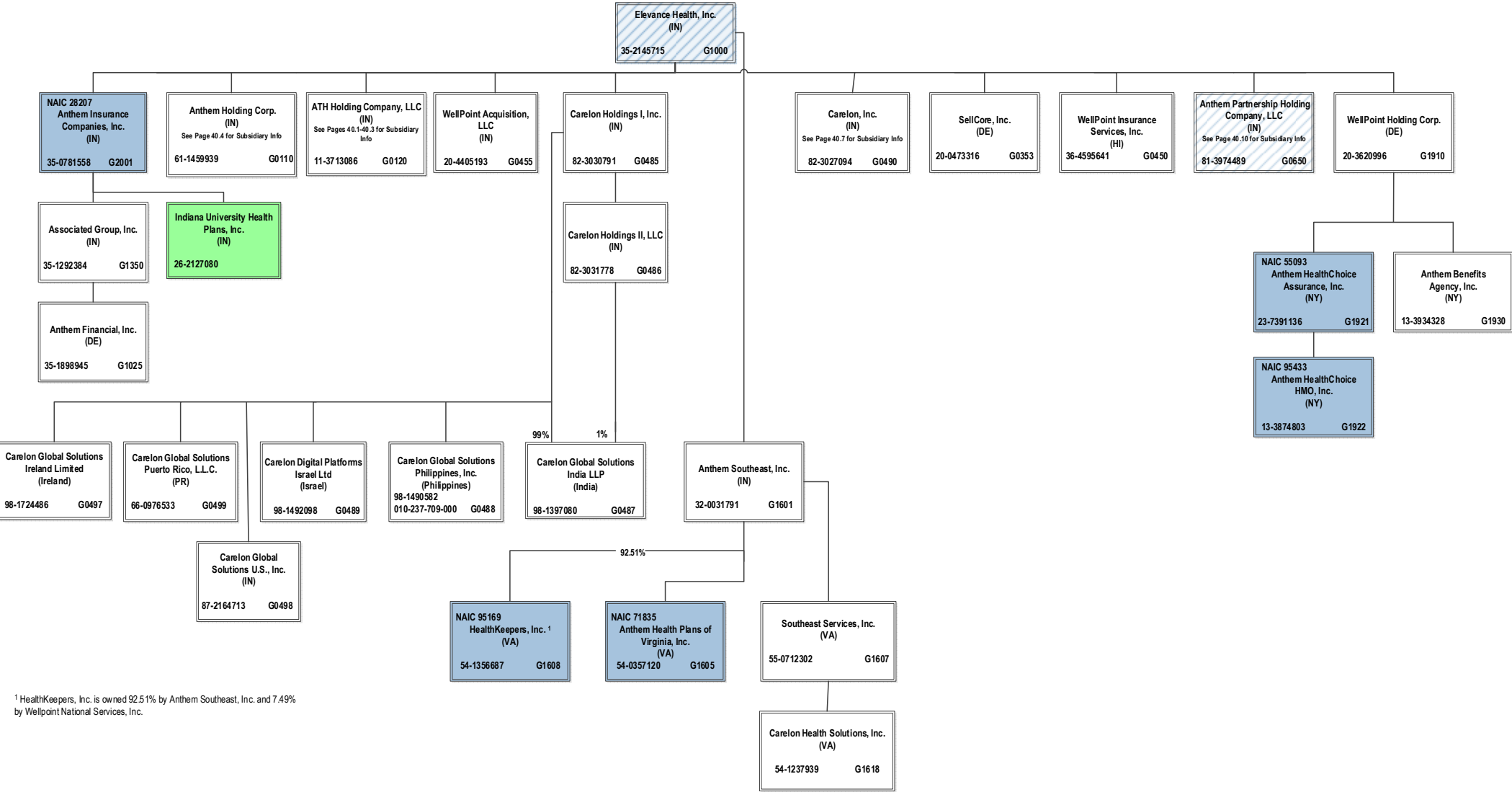
4. Q - Qualified - Qualified or accredited reinsurer..... 0

5. 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.
N/A

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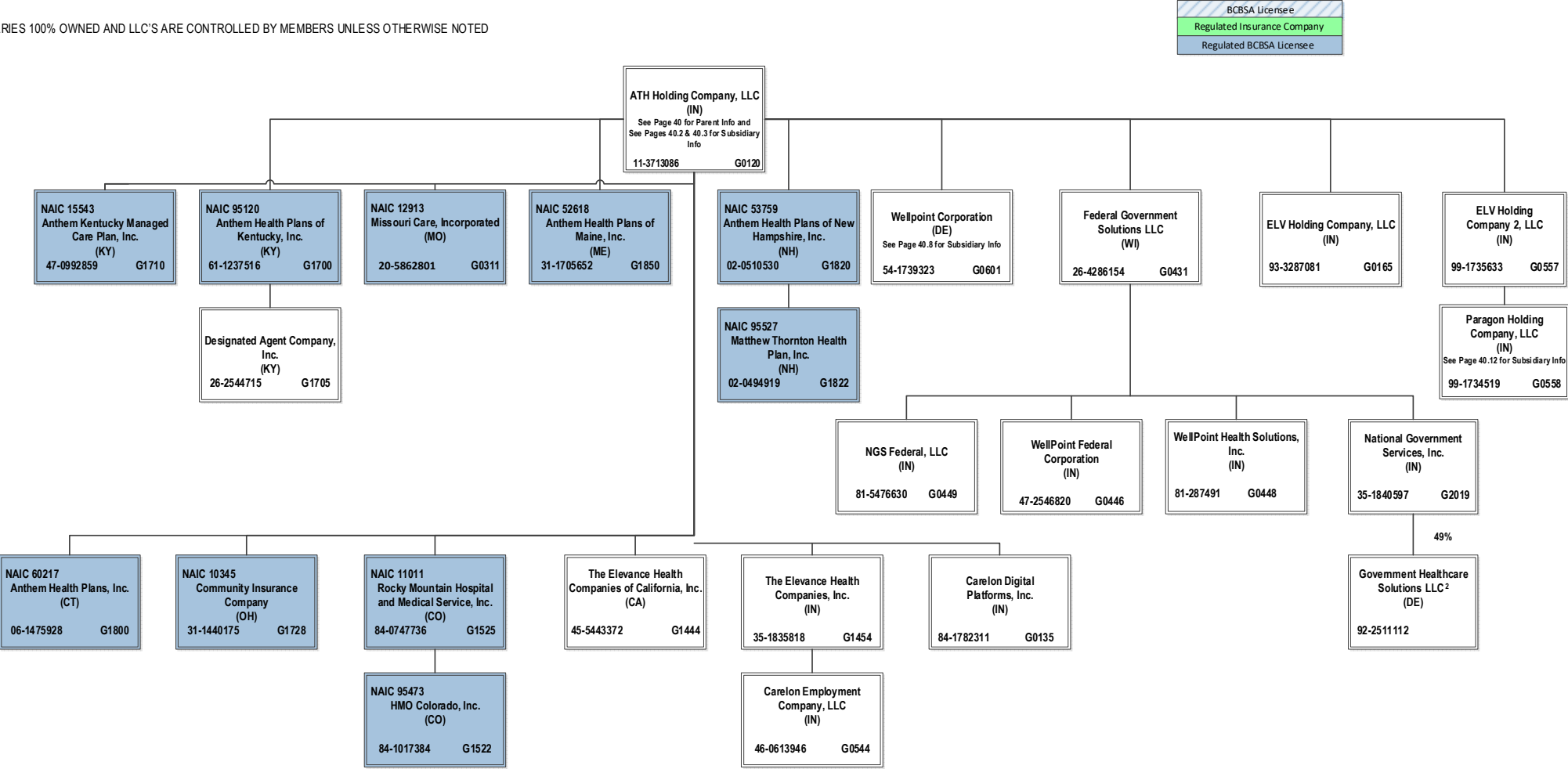


¹ HealthKeepers, Inc. is owned 92.51% by Anthem Southeast, Inc. and 7.49% by Wellpoint National Services, Inc.

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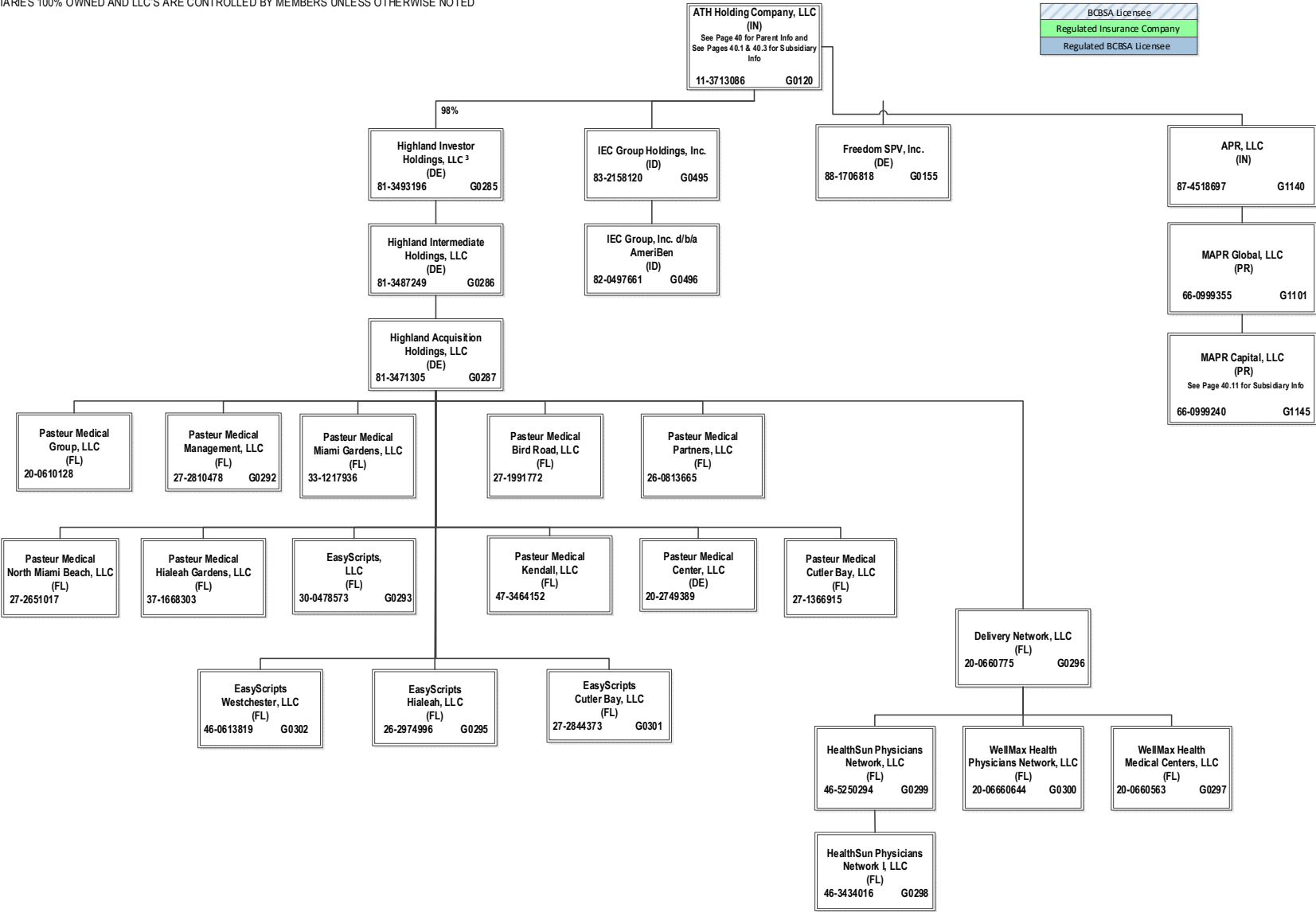


² Government Healthcare Solutions LLC. is a joint venture 49% owned by National Government Services, Inc. and 51% owned by MKS2 LLC (non-affiliate)

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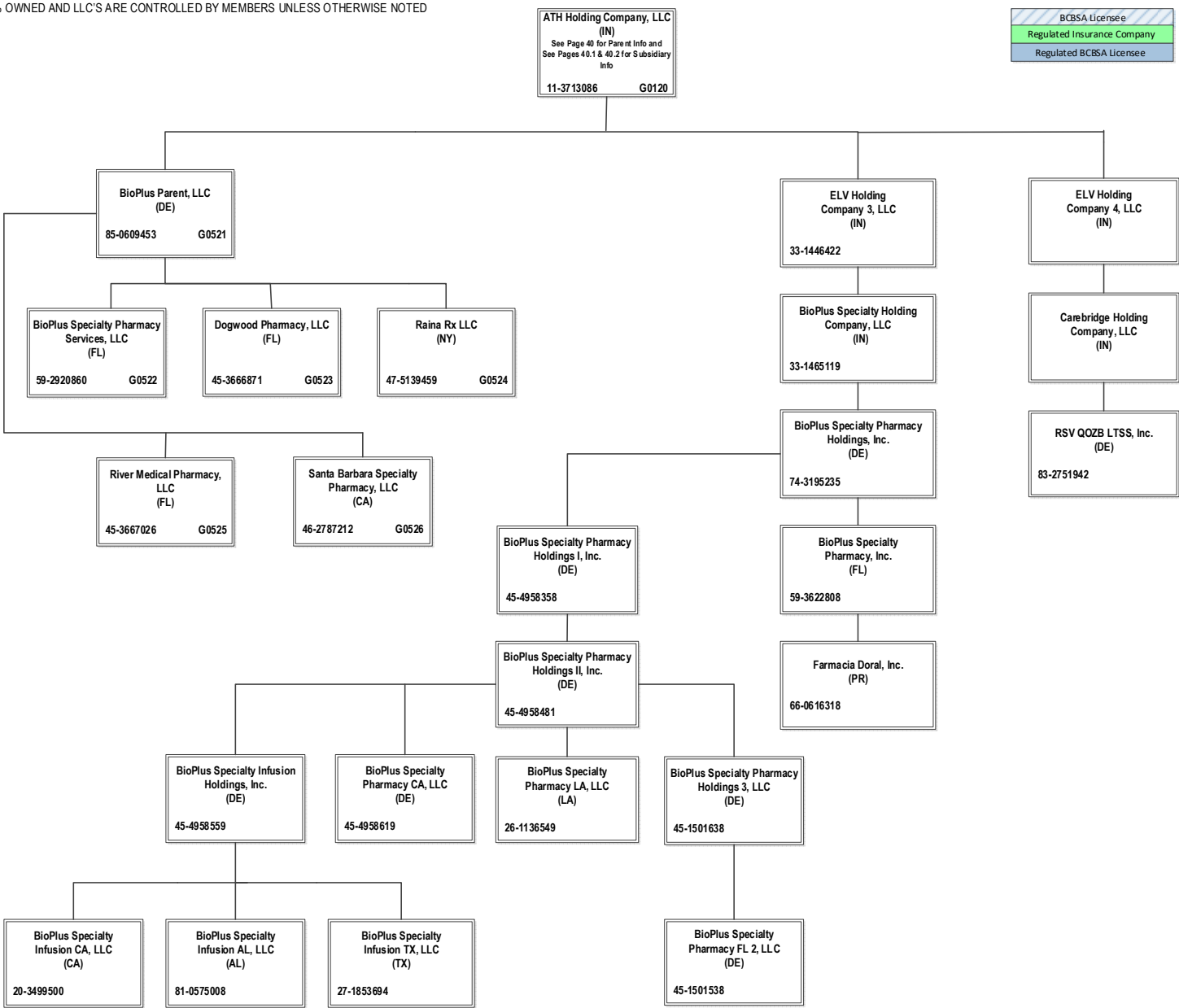


³ ATH Holding Company, LLC holds a 98% interest in Highland Investor Holdings, LLC, and Wellpoint Corporation holds the remaining 2% interest.

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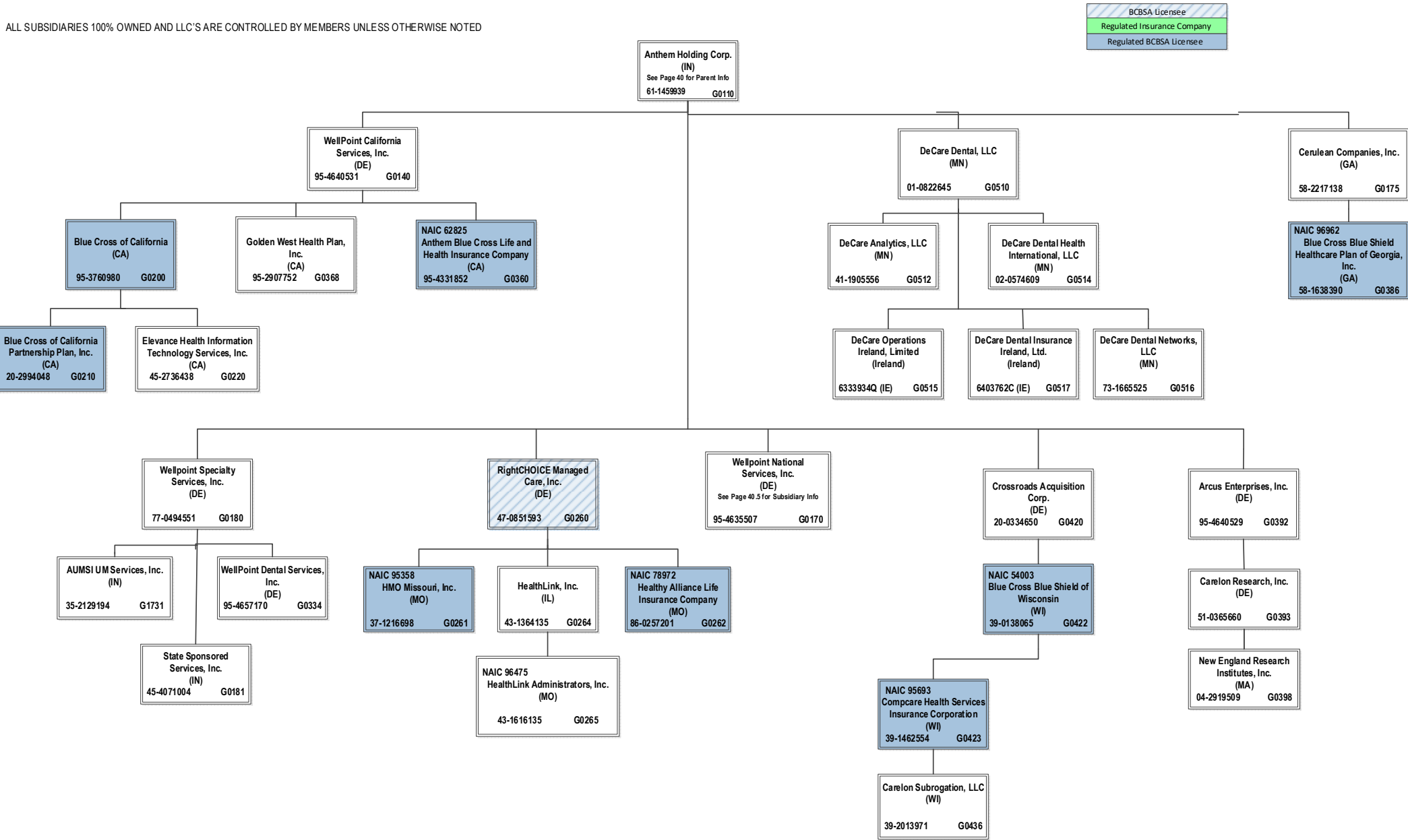
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BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee

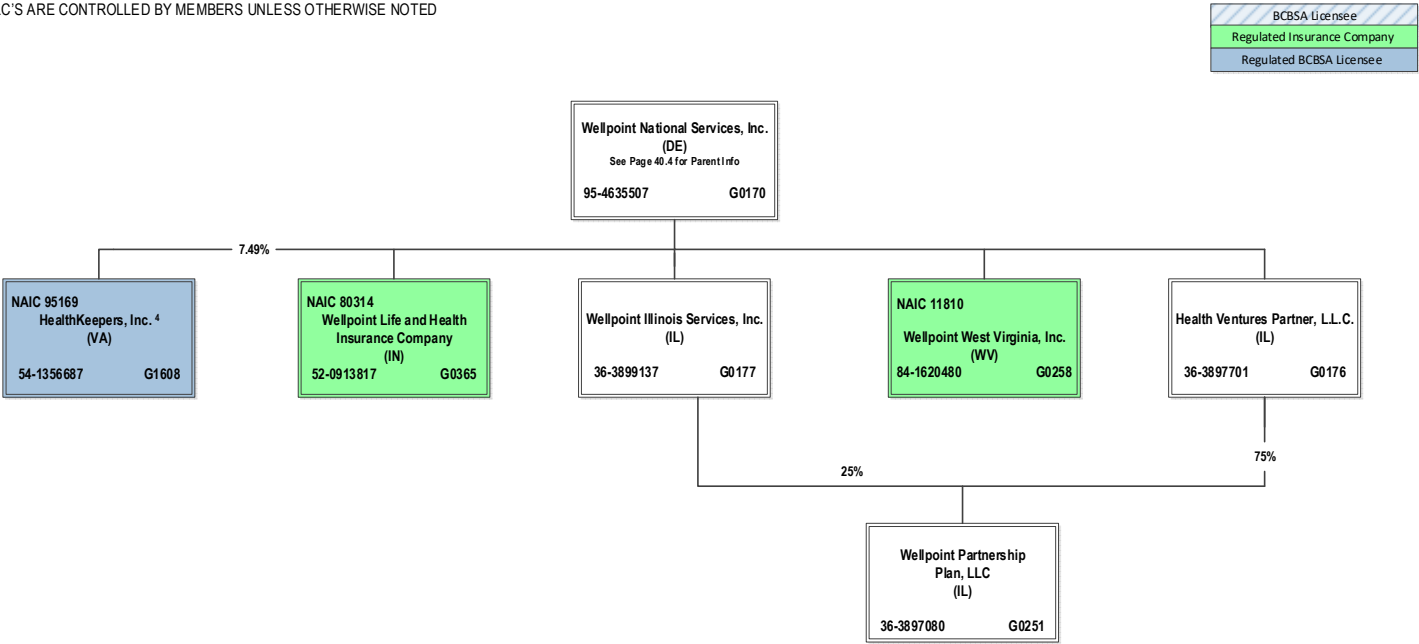
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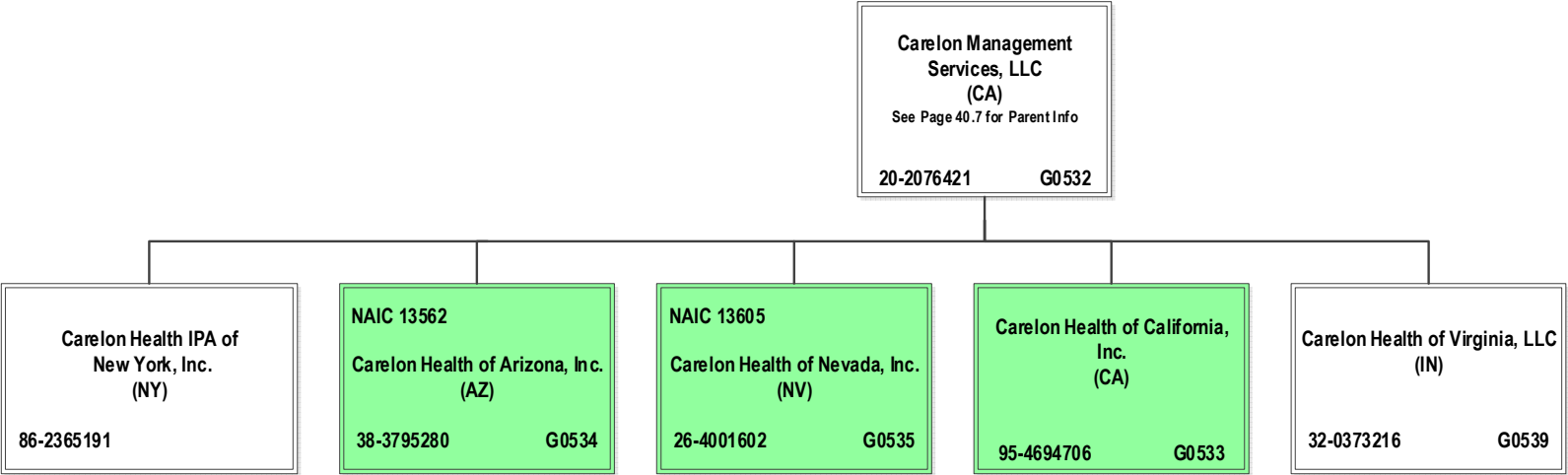


⁴ HealthKeepers, Inc. is owned 92.51% by Anthem Southeast, Inc. and 7.49% by Wellpoint National Services, Inc.

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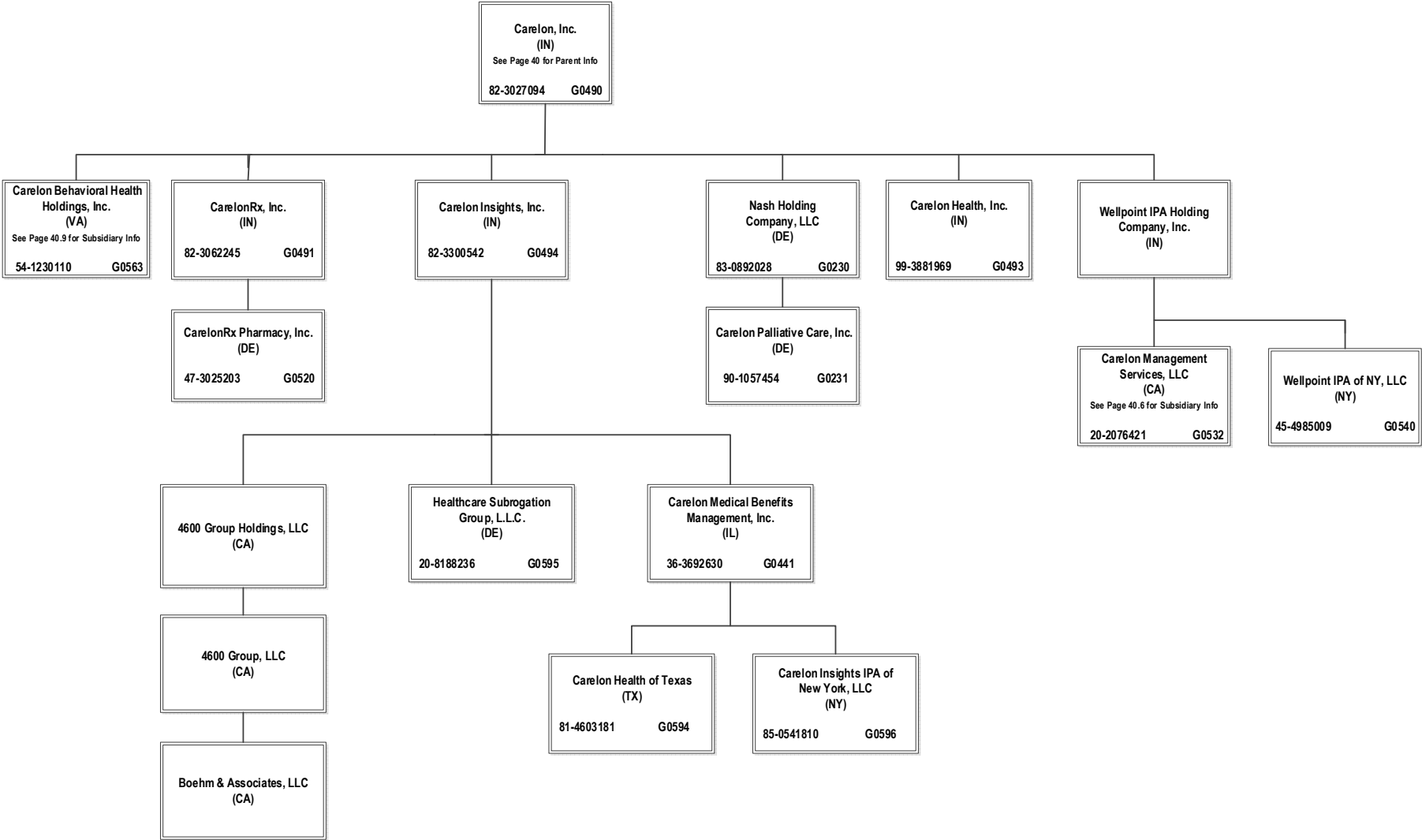
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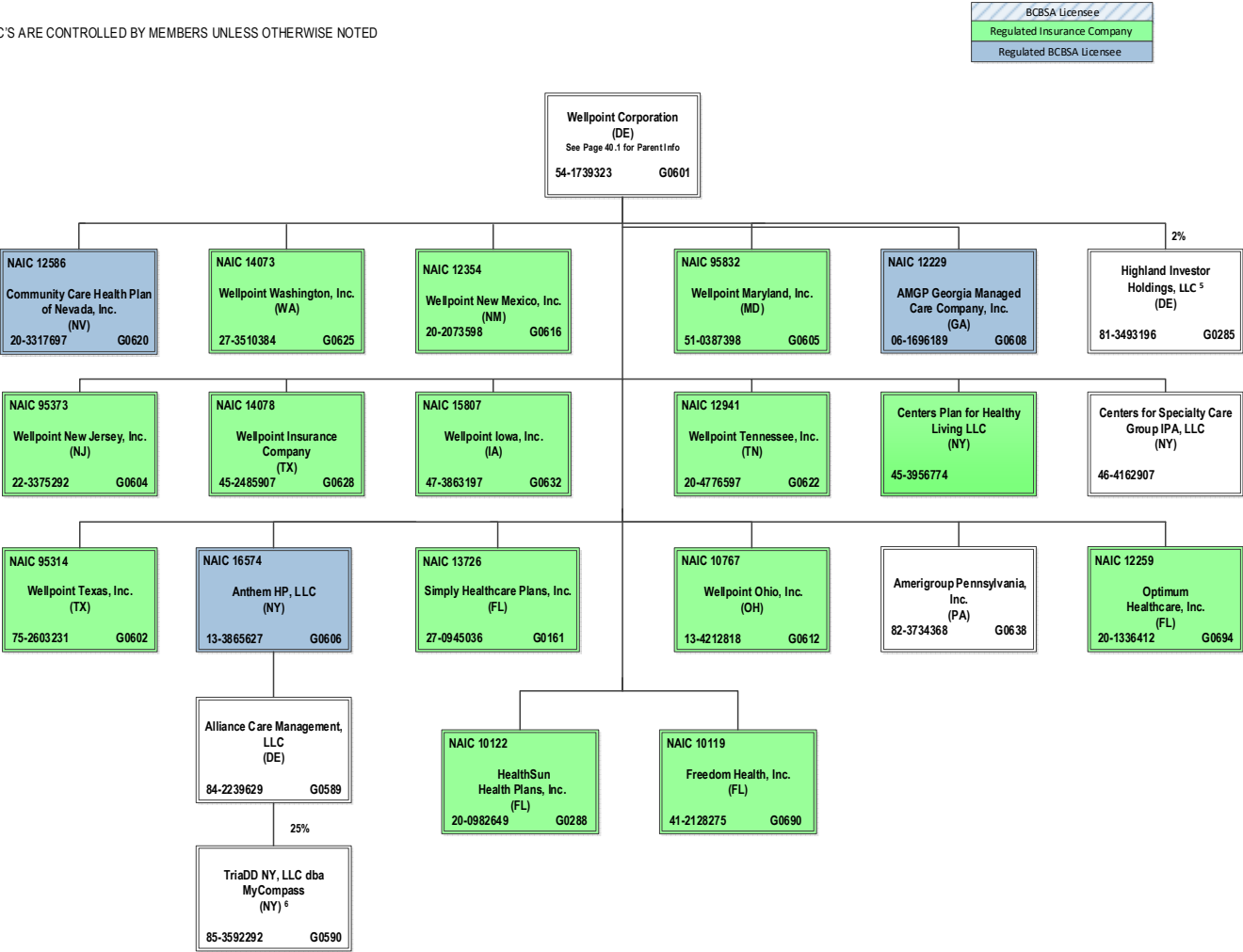
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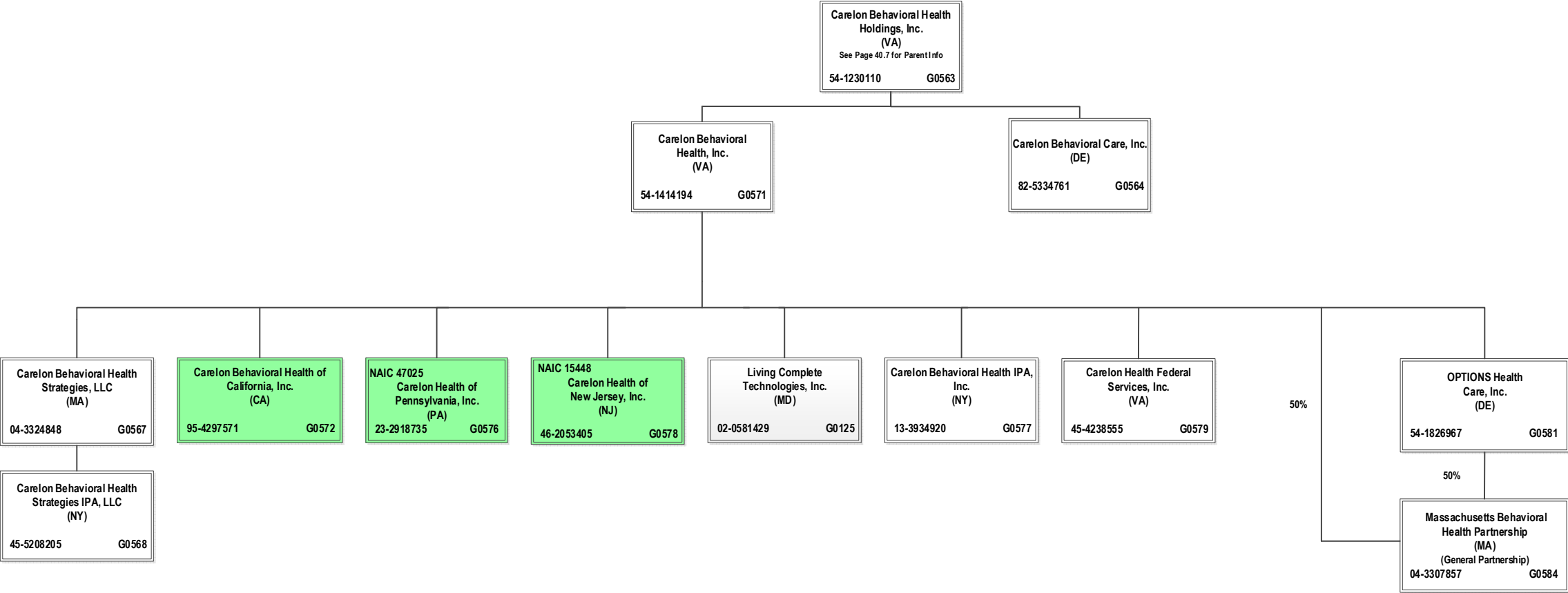
⁵ Wellpoint Corporation holds a 2% interest in Highland Investor Holdings, LLC, and ATH Holding Company, LLC holds the remaining 98% interest.

⁶ 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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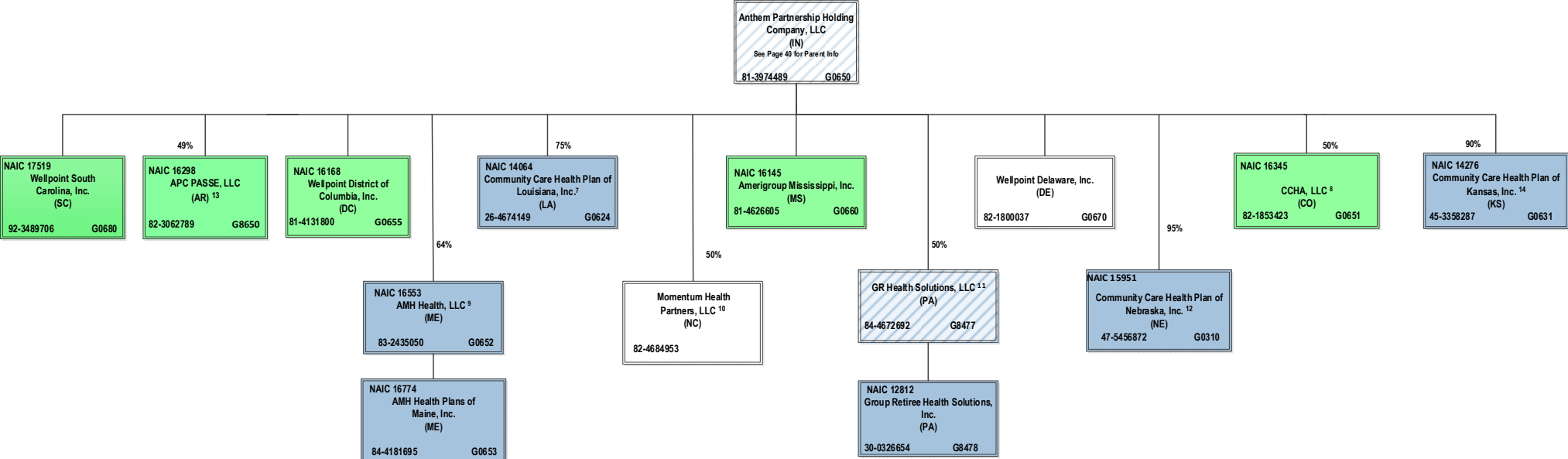
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⁷ Community Care Health Plan of Louisiana, Inc. is a joint venture 75% owned by Anthem Partnership Holding Company, LLC and 25% owned by Louisiana Health Service & Indemnity Company d/b/a Blue Cross and Blue Shield of Louisiana (non-affiliate)

⁸ 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)

⁹ AMH Health, LLC is a joint venture 36% owned by MaineHealth (non-affiliate) and 64% owned by Anthem Partnership Holding Company, LLC

¹⁰ 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)

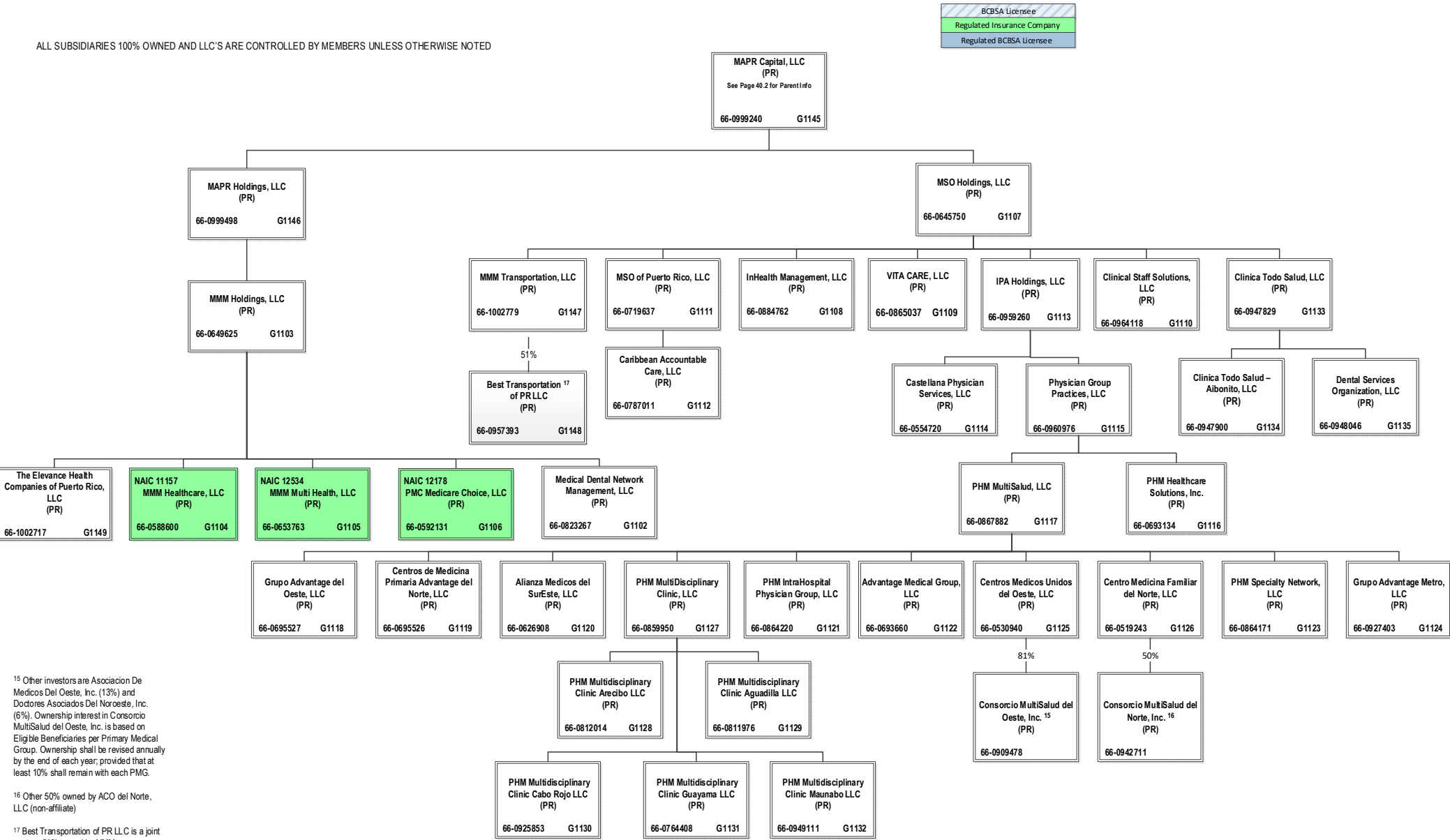
¹¹ GR Health Solutions, LLC is a joint venture 50% owned by Anthem Partnership Holding Company, LLC and 50% owned by Independence Blue Cross, LLC (non-affiliate)

¹² 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).

¹³ 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).

¹⁴ Community Care Health Plan of Kansas, Inc. is a joint venture 90% owned by Anthem Partnership Holding Company, LLC, 5% owned by Blue Cross Blue Shield of Kansas, Inc. (non-affiliate) and 5% owned by Blue Cross and Blue Shield of Kansas City (non-affiliate).

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¹⁵ Other investors are Asociacion De Medicos Del Oeste, Inc. (13%) and Doctores Asociados Del Noroeste, Inc. (6%). Ownership interest in Consorcio 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.

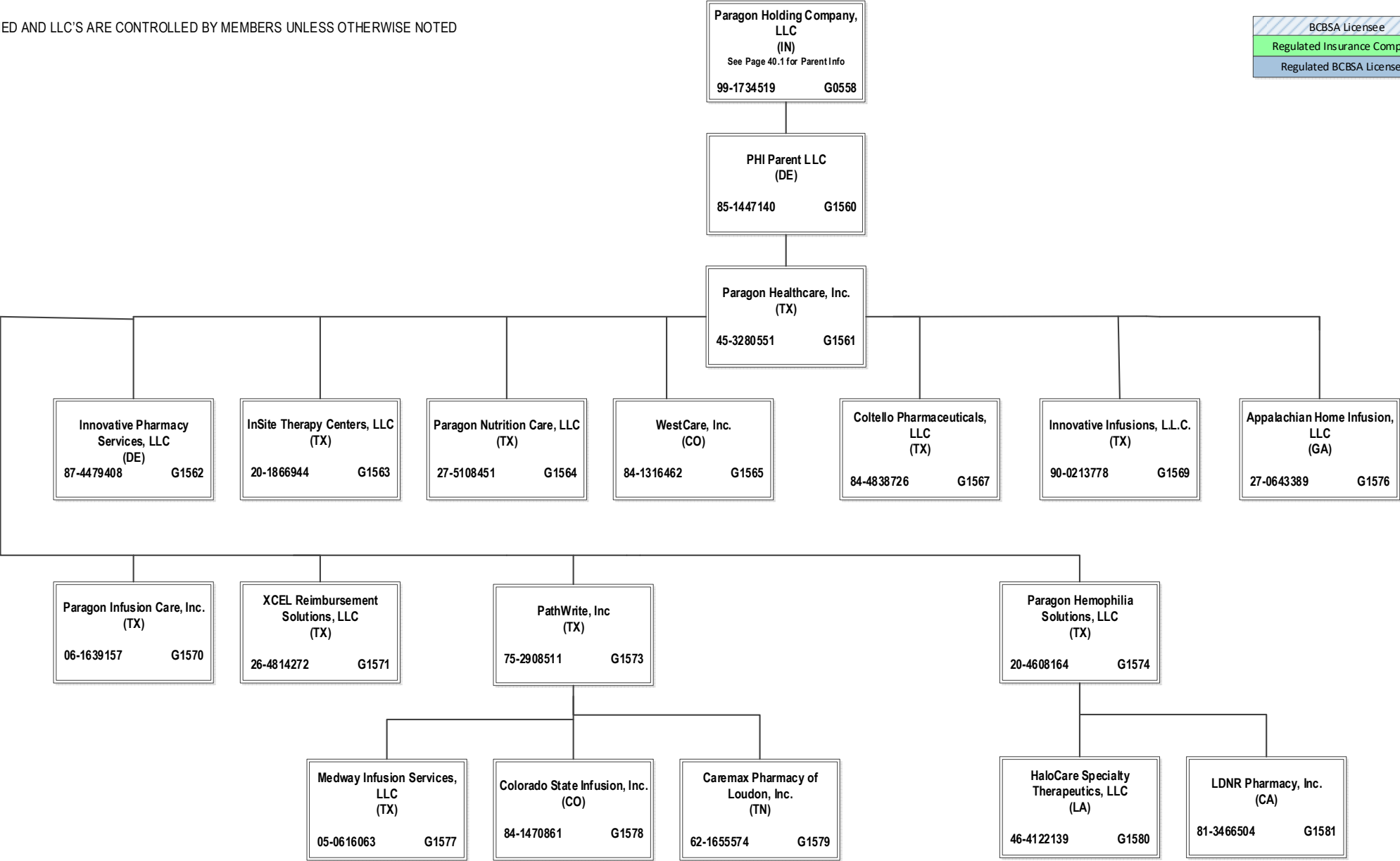
¹⁶ Other 50% owned by ACO del Norte, LLC (non-affiliate)

¹⁷ Best Transportation of PR LLC is a joint venture 51% owned by MMM Transportation, LLC and 49% owned by Jossue A. Galguera Vizcaino, individually

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ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Anthem Health Plans of Maine, Inc.

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

		Current Year			Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
2504.	Miscellaneous receivables	102,069	2,222	99,847	102,662
2505.	Prepaid expenses	1,583,385	1,583,385	0	0
2506.	Premium tax recoverable			0	203,459
2597.	Summary of remaining write-ins for Line 25 from overflow page	1,685,454	1,585,607	99,847	306,121

Additional Write-ins for Liabilities Line 23

		Current Year			Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
2304.	Performance guarantee liability			0	212,945
2397.	Summary of remaining write-ins for Line 23 from overflow page	0	0	0	212,945