

Quarterly STATEMENT

of the

**HMO Maine, a Line of Business of
Anthem Health Plans of Maine, Inc.**

of

South Portland

in the State of

Maine

to the

Bureau of Insurance

of the State of

Maine

For the Quarter Ended
June 30, 2026

2026

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	468,589	470,959	938,948
2. Net premium income (including \$ non-health premium income).....	XXX	395,964,226	362,243,399	725,703,096
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	(11,227,304)	(1,839,269)	(1,111,716)
4. Fee-for-service (net of \$ medical expenses)	XXX			
5. Risk revenue	XXX			
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	384,736,922	360,404,130	724,591,380
Hospital and Medical:				
9. Hospital/medical benefits		258,740,084	258,552,428	537,400,924
10. Other professional services				
11. Outside referrals				
12. Emergency room and out-of-area			41,700	41,700
13. Prescription drugs		57,424,141	51,319,867	111,572,095
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		1,466,839	2,029,235	4,975,052
16. Subtotal (Lines 9 to 15)	0	317,631,064	311,943,230	653,989,771
Less:				
17. Net reinsurance recoveries				
18. Total hospital and medical (Lines 16 minus 17)	0	317,631,064	311,943,230	653,989,771
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 4,399,072 cost containment expenses		7,365,303	6,766,414	14,571,619
21. General administrative expenses		17,772,250	19,323,958	34,991,711
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only) .				0
23. Total underwriting deductions (Lines 18 through 22).....	0	342,768,617	338,033,602	703,553,101
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	41,968,305	22,370,528	21,038,279
25. Net investment income earned		59,127	1,985,694	4,095,551
26. Net realized capital gains (losses) less capital gains tax of \$				
27. Net investment gains (losses) (Lines 25 plus 26)	0	59,127	1,985,694	4,095,551
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)].....				
29. Aggregate write-ins for other income or expenses	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	42,027,432	24,356,222	25,133,830
31. Federal and foreign income taxes incurred	XXX	8,825,761	5,114,807	5,278,104
32. Net income (loss) (Lines 30 minus 31)	XXX	33,201,671	19,241,415	19,855,726
DETAILS OF WRITE-INS				
0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.				
1402.				
1403				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901.				
2902.				
2903				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0	0	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	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
Total Members at end of:														
1. Prior year	77,198	25,111	51,647	0	0	0	0	0	0	0	0	0	440	0
2. First quarter	78,625	26,215	51,724	0	0	0	0	0	0	0	0	0	686	0
3. Second quarter	77,030	24,797	51,485										748	
4. Third quarter	0													
5. Current year	0													
6. Current year member months	468,589	154,596	310,128										3,865	
Total Member Ambulatory Encounters for Period:														
7 Physician	219,829	65,514	154,315											
8. Non-physician	147,530	41,925	105,605											
9. Total	367,359	107,439	259,920	0	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	7,884	3,011	4,873											
11. Number of inpatient admissions	1,548	550	998											
12. Health premiums written (a)	395,964,226	125,925,349	267,465,141										2,573,736	
13. Life premiums direct	0													
14. Property/casualty premiums written	0													
15. Health premiums earned.....	384,736,922	125,735,855	256,427,331										2,573,736	
16. Property/casualty premiums earned	0													
17. Amount paid for provision of health care services.....	0													
18. Amount incurred for provision of health care services	317,631,064	83,741,420	233,402,760										486,884	

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