



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2024
OF THE CONDITION AND AFFAIRS OF THE
Maine Community Health Options

NAIC Group Code	0000 (Current)	0000 (Prior)	NAIC Company Code	15077	Employer's ID Number	45-3416923
Organized under the Laws of	Maine		State of Domicile or Port of Entry			ME
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health					
Is HMO Federally Qualified?	Yes [] No [X]					
Incorporated/Organized	09/26/2011		Commenced Business		01/01/2014	
Statutory Home Office	60 Pineland Drive, Auburn Hall, Suite 301 (Street and Number)		New Gloucester, ME, US 04260 (City or Town, State, Country and Zip Code)			
Main Administrative Office	60 Pineland Drive, Auburn Hall, Suite 301 (Street and Number)					
	New Gloucester, ME, US 04260 (City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)			
Mail Address	PO Box 1121 (Street and Number or P.O. Box)		Lewiston, ME, US 04243-1121 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	60 Pineland Drive, Auburn Hall, Suite 301 (Street and Number)					
	New Gloucester, ME, US 04260 (City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)			
Internet Website Address	www.healthoptions.org					
Statutory Statement Contact	Joanne Lauterbach (Name)		207-330-2390 (Area Code) (Telephone Number)			
	jlauterbach@healthoptions.org (E-mail Address)		207-402-3318 (FAX Number)			

OFFICERS

Chief Executive Officer	Kevin Lewis	Chief Financial Officer	Joanne Lauterbach
Chief Operations Officer	William Kilbreth #	Chief Medical Officer	Dr. Lori Tishler

OTHER

DIRECTORS OR TRUSTEES

Paul Andrews	Lisa Bard Levine #	Leslie Clark
Jerod Cronkite	Cheryl Greaney	Jim Harrison
Ralph Johnson	Holly Korda	Asher Kramer
Robert Lorenzo	Cory McKenna	Jeff Norris
Laurie Reed #	Sharon Reishus	Judiann Smith
Rebecca Swanson Conrad	Andy Tomlinson #	

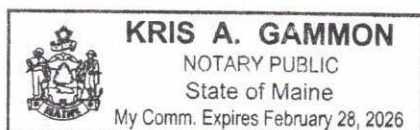
State of Maine
County of Cumberland SS

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Kevin Lewis Chief Executive Officer	Joanne Lauterbach Chief Financial Officer

Subscribed and sworn to before me this
28th day of February 2025
Kris A Gammon

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



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Maine Community Health Options

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)	100,270,907		100,270,907	111,605,737
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 \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$5,907,312 , Schedule E - Part 1), cash equivalents (\$ 126,002 , Schedule E - Part 2) and short-term investments (\$, Schedule DA)	6,033,314		6,033,314	22,979,145
6. Contract loans, (including \$ premium notes)			0	0
7. Derivatives (Schedule DB)			0	0
8. Other invested assets (Schedule BA)	185,500	185,500	0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL)			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	106,489,721	185,500	106,304,221	134,584,882
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	623,351		623,351	760,710
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	1,216,431	627,345	589,086	1,046,595
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$ 436,000) and contracts subject to redetermination (\$)	436,000		436,000	1,213,000
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	8,154,412		8,154,412	15,215,516
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	196,596		196,596	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software	124,332	124,332	0	0
21. Furniture and equipment, including health care delivery assets (\$)	10,775	10,775	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care (\$ 7,954,360) and other amounts receivable	10,126,410	2,172,050	7,954,360	4,283,707
25. Aggregate write-ins for other-than-invested assets	2,115,741	2,115,741	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	129,493,769	5,235,743	124,258,026	157,104,410
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	129,493,769	5,235,743	124,258,026	157,104,410
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. Prepaid Expenses	2,096,707	2,096,707	0	0
2502. Miscellaneous Receivables	16,768	16,768	0	0
2503. Security Deposits	2,266	2,266	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	2,115,741	2,115,741	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$ 3,530,641 reinsurance ceded)	30,922,443		30,922,443	20,663,331
2. Accrued medical incentive pool and bonus amounts	840,762		840,762	601,393
3. Unpaid claims adjustment expenses.....	2,067,186		2,067,186	1,519,601
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act	34,746,815		34,746,815	30,205,000
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.....	3,946,481		3,946,481	4,848,983
9. General expenses due or accrued.....	5,715,138		5,715,138	7,897,968
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			0	0
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable.....	373,335		373,335	567,475
12. Amounts withheld or retained for the account of others.....	2,500		2,500	2,841
13. Remittances and items not allocated.....			0	0
14. Borrowed money (including \$0 current) and interest thereon \$ (including \$ current).....			0	0
15. Amounts due to parent, subsidiaries and affiliates.....			0	0
16. Derivatives.....			0	0
17. Payable for securities.....			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$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.....	88,188		88,188	10,190
23. Aggregate write-ins for other liabilities (including \$ current).....	71,466	0	71,466	81,224
24. Total liabilities (Lines 1 to 23).....	78,774,314	0	78,774,314	66,398,006
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	0
26. Common capital stock.....	XXX	XXX		
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX		
29. Surplus notes.....	XXX	XXX	132,316,124	132,316,124
30. Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	(86,832,412)	(41,609,720)
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	45,483,712	90,706,404
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	124,258,026	157,104,410
DETAILS OF WRITE-INS				
2301. Risk Adjustment User Fee Payable	71,466		71,466	81,224
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	71,466	0	71,466	81,224
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
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	379,592	406,284
2. Net premium income (including \$ non-health premium income)	XXX	254,603,458	233,165,376
3. Change in unearned premium reserves and reserve for rate credits	XXX	0	
4. Fee-for-service (net of \$ medical expenses)	XXX	0	
5. Risk revenue	XXX	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	254,603,458	233,165,376
Hospital and Medical:			
9. Hospital/medical benefits		149,506,083	150,560,475
10. Other professional services		8,204,101	7,356,380
11. Outside referrals		1,088,686	1,263,603
12. Emergency room and out-of-area		56,986,815	50,689,564
13. Prescription drugs		47,818,688	44,821,085
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		822,561	730,793
16. Subtotal (Lines 9 to 15)	0	264,426,934	255,421,900
Less:			
17. Net reinsurance recoveries		23,291,985	44,624,583
18. Total hospital and medical (Lines 16 minus 17)	0	241,134,949	210,797,317
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$ 8,536,724 cost containment expenses		13,582,242	13,886,773
21. General administrative expenses		34,243,493	34,330,898
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		10,760,225	3,200,000
23. Total underwriting deductions (Lines 18 through 22).....	0	299,720,909	262,214,988
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(45,117,451)	(29,049,612)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		1,711,283	2,080,427
26. Net realized capital gains (losses) less capital gains tax of \$		0	(280,804)
27. Net investment gains (losses) (Lines 25 plus 26)	0	1,711,283	1,799,623
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$ 657,903)]		(657,903)	(661,108)
29. Aggregate write-ins for other income or expenses	0	(653)	80,175
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	(44,064,724)	(27,830,922)
31. Federal and foreign income taxes incurred	XXX		
32. Net income (loss) (Lines 30 minus 31)	XXX	(44,064,724)	(27,830,922)
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. Fixed Asset (Loss) Gain		(653)	80,175
2902.			
2903.			
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	(653)	80,175

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	90,706,404	118,783,016
34. Net income or (loss) from Line 32	(44,064,724)	(27,830,922)
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax		
39. Change in nonadmitted assets	(1,157,968)	(245,690)
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		
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(45,222,692)	(28,076,612)
49. Capital and surplus end of reporting period (Line 33 plus 48)	45,483,712	90,706,404
DETAILS OF WRITE-INS		
4701.		
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)	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Maine Community Health Options

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	248,551,066	248,250,296
2. Net investment income	2,660,930	3,241,619
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	251,211,996	251,491,915
5. Benefit and loss related payments	223,575,364	209,927,030
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	50,215,592	44,785,705
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	0	0
10. Total (Lines 5 through 9)	273,790,956	254,712,735
11. Net cash from operations (Line 4 minus Line 10)	(22,578,960)	(3,220,820)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	10,500,000	10,396,675
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	58,090
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	10,500,000	10,454,765
13. Cost of investments acquired (long-term only):		
13.1 Bonds	0	0
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0
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)	10,500,000	10,454,765
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	(49,208)
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	(4,866,870)	(132,355)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(4,866,870)	(181,563)
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)	(16,945,830)	7,052,382
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	22,979,144	15,926,763
19.2 End of year (Line 18 plus Line 19.1)	6,033,314	22,979,144

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

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ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Maine Community Health Options

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	254,603,458	194,002,826	60,600,632											
2. Change in unearned premium reserves and reserve for rate credit	0													
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)	254,603,458	194,002,826	60,600,632	0	0	0	0	0	0	0	0	0	0	0
8. Hospital/medical benefits	149,506,083	109,871,569	39,634,514											XXX.
9. Other professional services	8,204,101	5,887,605	2,316,496											XXX.
10. Outside referrals	1,088,686	1,021,848	66,838											XXX.
11. Emergency room and out-of-area	56,986,815	38,621,942	18,364,873											XXX.
12. Prescription drugs	47,818,688	36,108,598	11,710,090											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. Incentive pool, withhold adjustments and bonus amounts	822,561	593,801	228,760											XXX.
15. Subtotal (Lines 8 to 14)	264,426,934	192,105,363	72,321,571	0	0	0	0	0	0	0	0	0	0	XXX.
16. Net reinsurance recoveries	23,291,985	18,865,848	4,426,137											XXX.
17. Total medical and hospital (Lines 15 minus 16).....	241,134,949	173,239,515	67,895,434	0	0	0	0	0	0	0	0	0	0	XXX.
18. Non-health claims (net)	0	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	
19. Claims adjustment expenses including \$	8,536,724	cost containment expenses	4,559,522											
20. General administrative expenses	34,243,493	24,414,502	9,828,991											
21. Increase in reserves for accident and health contracts	10,760,225	7,305,626	3,454,599											XXX.
22. Increase in reserves for life contracts	0	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	
23. Total underwriting deductions (Lines 17 to 22)	299,720,909	213,982,363	85,738,546	0	0	0	0	0	0	0	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(45,117,451)	(19,979,537)	(25,137,914)	0	0	0	0	0	0	0	0	0	0	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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Maine Community Health Options

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	194,872,096		869,270	194,002,826
2. Comprehensive (hospital and medical) group	61,036,545		435,913	60,600,632
3. Medicare Supplement				0
4. Vision only				0
5. Dental only				0
6. Federal Employees Health Benefits Plan	0			0
7. Title XVIII - Medicare	0			0
8. Title XIX - Medicaid	0			0
9. Credit A&H				0
10. Disability Income				0
11. Long-Term Care				0
12. Other health				0
13. Health subtotal (Lines 1 through 12)	255,908,641	0	1,305,183	254,603,458
14. Life	0			0
15. Property/casualty	0			0
16. Totals (Lines 13 to 15)	255,908,641	0	1,305,183	254,603,458

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Maine Community Health Options

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	254,358,277	185,167,748	69,190,529											
1.2 Reinsurance assumed	0													
1.3 Reinsurance ceded	31,485,805	26,589,151	4,896,654											
1.4 Net	222,872,472	158,578,597	64,293,875	0	0	0	0	0	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses	583,192	420,118	163,074											
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	34,453,084	24,822,818	9,630,266	0	0	0	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	3,530,641	3,087,651	442,990	0	0	0	0	0	0	0	0	0	0	0
3.4 Net	30,922,443	21,735,167	9,187,276	0	0	0	0	0	0	0	0	0	0	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	840,762	601,174	239,588											
6. Net health care receivables (a)	(119,702)	(422,599)	302,897											
7. Amounts recoverable from reinsurers December 31, current year	8,154,414	6,429,094	1,725,320											
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	25,326,690	18,901,603	6,425,087	0	0	0	0	0	0	0	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	4,663,359	4,042,481	620,878	0	0	0	0	0	0	0	0	0	0	0
8.4 Net	20,663,331	14,859,122	5,804,209	0	0	0	0	0	0	0	0	0	0	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	601,393	427,491	173,902											
11. Amounts recoverable from reinsurers December 31, prior year	15,215,516	13,197,567	2,017,949											
12. Incurred Benefits:														
12.1 Direct	263,604,373	191,511,562	72,092,811	0	0	0	0	0	0	0	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	23,291,985	18,865,848	4,426,137	0	0	0	0	0	0	0	0	0	0	0
12.4 Net	240,312,388	172,645,714	67,666,674	0	0	0	0	0	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	822,561	593,801	228,760	0	0	0	0	0	0	0	0	0	0	0

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Maine Community Health Options

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	18,296,057	13,213,104	5,082,953											
1.2 Reinsurance assumed	0	0	0											
1.3 Reinsurance ceded	1,204,739	1,192,171	12,568											
1.4 Net	17,091,318	12,020,933	5,070,385	0	0	0	0	0	0	0	0	0	0	0
2. Incurred but Unreported:														
2.1 Direct	16,157,027	11,609,714	4,547,313											
2.2 Reinsurance assumed	0	0	0											
2.3 Reinsurance ceded	2,325,902	1,895,480	430,422											
2.4 Net	13,831,125	9,714,234	4,116,891	0	0	0	0	0	0	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct	0	0	0											
3.2 Reinsurance assumed	0	0	0											
3.3 Reinsurance ceded	0	0	0											
3.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. TOTALS:														
4.1 Direct	34,453,084	24,822,818	9,630,266	0	0	0	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	3,530,641	3,087,651	442,990	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	30,922,443	21,735,167	9,187,276	0	0	0	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Maine Community Health Options

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	7,136,360	161,262,942	165,090	21,570,245	7,301,450	14,859,123
2. Comprehensive (hospital and medical) group	6,755,087	59,631,740	84,742	9,102,366	6,839,829	5,804,208
3. Medicare Supplement					0	0
4. Vision Only					0	0
5. Dental Only					0	0
6. Federal Employees Health Benefits Plan					0	0
7. Title XVIII - Medicare					0	0
8. Title XIX - Medicaid					0	0
9. Credit A&H					0	0
10. Disability Income					0	0
11. Long-Term Care					0	0
12. Other health					0	0
13. Health subtotal (Lines 1 to 12)	13,891,447	220,894,682	249,832	30,672,611	14,141,279	20,663,331
14. Health care receivables (a)	210,476	4,522,377			210,476	0
15. Other non-health					0	0
16. Medical incentive pools and bonus amounts	489,045	94,147		840,762	489,045	601,393
17. Totals (Lines 13 - 14 + 15 + 16)	14,170,016	216,466,452	249,832	31,513,373	14,419,848	21,264,724

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Maine Community Health Options

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	19,168	25,636	25,628	267,342	171,504
2.	2020	121,984	132,708	132,447	132,684	132,635
3.	2021	XXX	130,389	141,688	141,959	141,937
4.	2022	XXX	XXX	164,920	179,155	179,461
5.	2023	XXX	XXX	XXX	186,453	204,216
6.	2024	XXX	XXX	XXX	XXX	216,440

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	20,258	25,636	25,628	267,342	171,504
2.	2020	140,352	132,776	132,447	132,684	132,635
3.	2021	XXX	141,548	141,755	141,959	141,937
4.	2022	XXX	XXX	180,412	179,405	179,461
5.	2023	XXX	XXX	XXX	211,350	204,466
6.	2024	XXX	XXX	XXX	XXX	247,953

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	184,865	132,635	14,170	10.7	146,805	79.4	0		146,805	79.4
2.	2021	164,040	141,937	11,316	8.0	153,253	93.4	0		153,253	93.4
3.	2022	205,096	179,461	13,447	7.5	192,908	94.1	0		192,908	94.1
4.	2023	230,816	204,216	13,887	6.8	218,103	94.5	250		218,353	94.6
5.	2024	254,603	216,440	11,515	5.3	227,955	89.5	31,513	2,067	261,535	102.7

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Maine Community Health Options

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	.....	19,168	25,636	25,628	267,342	171,504
2.	2020	.....	121,984	132,708	132,447	132,684	132,635
3.	2021	.....	XXX	130,389	141,688	141,959	141,937
4.	2022	.....	XXX	XXX	164,920	179,155	179,461
5.	2023	.....	XXX	XXX	XXX	186,453	204,216
6.	2024	.....	XXX	XXX	XXX	XXX	216,440

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	.....	20,258	25,636	25,628	267,342	171,504
2.	2020	.....	140,352	132,776	132,447	132,684	132,635
3.	2021	.....	xxx	141,548	141,755	141,959	141,937
4.	2022	.....	xxx	xxx	180,412	179,405	179,461
5.	2023	.....	xxx	xxx	xxx	211,350	204,466
6.	2024	.....	xxx	xxx	xxx	xxx	247,953

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

		1	2	3	4	5	6	7	8	9	10
Years in which Premiums were Earned and Claims were Incurred		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	184,865	132,635	14,170	10.7	146,805	79.4	0	0	146,805	79.4
2.	2021	164,040	141,937	11,316	8.0	153,253	93.4	0	0	153,253	93.4
3.	2022	205,096	179,461	13,447	7.5	192,908	94.1	0	0	192,908	94.1
4.	2023	230,816	204,216	13,887	6.8	218,103	94.5	250	0	218,353	94.6
5.	2024	254,603	216,440	11,515	5.3	227,955	89.5	31,513	2,067	261,535	102.7

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Maine Community Health Options

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	0												
2. Additional policy reserves (a)	29,760,225	7,756,684	22,003,541										
3. Reserve for future contingent benefits	0												
4. Reserve for rate credits or experience rating refunds (including \$ for investment income) ..	0												
5. Aggregate write-ins for other policy reserves	4,986,590	621,534	4,365,056	0	0	0	0	0	0	0	0	0	0
6. Totals (gross)	34,746,815	8,378,218	26,368,597	0	0	0	0	0	0	0	0	0	0
7. Reinsurance ceded	0												
8. Totals (Net)(Page 3, Line 4)	34,746,815	8,378,218	26,368,597	0	0	0	0	0	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. Net Risk Adjustment Transfer Payment Payable	4,117,000	0	4,117,000										
0502. High-Cost Risk Pool Payable	869,590	621,534	248,056										
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)	4,986,590	621,534	4,365,056	0	0	0	0	0	0	0	0	0	0
1101.													
1102.													
1103.													
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0	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 \$29,760,225 premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Maine Community Health Options

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES					
	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ for occupancy of own building)			45,775		45,775
2. Salary, wages and other benefits	5,505,217	1,602,996	11,680,058		18,788,271
3. Commissions (less \$ ceded plus \$ assumed)			4,086,834		4,086,834
4. Legal fees and expenses			635,023		635,023
5. Certifications and accreditation fees	295,343				295,343
6. Auditing, actuarial and other consulting services ...	131,824		1,435,304		1,567,128
7. Traveling expenses			73,979		73,979
8. Marketing and advertising			1,009,186		1,009,186
9. Postage, express and telephone			555,470		555,470
10. Printing and office supplies	36,172		210,959		247,131
11. Occupancy, depreciation and amortization			7,390		7,390
12. Equipment			28,492		28,492
13. Cost or depreciation of EDP equipment and software			94,975		94,975
14. Outsourced services including EDP, claims, and other services	2,568,168	3,442,522	4,968,787	189,946	11,169,423
15. Boards, bureaus and association fees			156,582		156,582
16. Insurance, except on real estate			521,807		521,807
17. Collection and bank service charges			569,148		569,148
18. Group service and administration fees					0
19. Reimbursements by uninsured plans			(283,774)		(283,774)
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses			5,699		5,699
22. Real estate taxes					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			4,654		4,654
23.2 State premium taxes			200		200
23.3 Regulatory authority licenses and fees			6,725,926		6,725,926
23.4 Payroll taxes			1,104,668		1,104,668
23.5 Other (excluding federal income and real estate taxes)			606,304		606,304
24. Investment expenses not included elsewhere					0
25. Aggregate write-ins for expenses	0	0	47	0	47
26. Total expenses incurred (Lines 1 to 25)	8,536,724	5,045,518	34,243,493	189,946	(a) .....48,015,681
27. Less expenses unpaid December 31, current year		2,067,186	5,715,138		7,782,324
28. Add expenses unpaid December 31, prior year		1,519,601	7,897,968		9,417,569
29. Amounts receivable relating to uninsured plans, prior year					0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	8,536,724	4,497,933	36,426,323	189,946	49,650,926
DETAILS OF WRITE-INS					
2501. Fines and Penalties Expense			47		47
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)	0	0	47	0	47

(a) Includes management fees of \$ to affiliates and \$ to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Maine Community Health Options

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. government bonds	(a) .....31,000	..... 31,000
1.1	Bonds exempt from U.S. tax	(a) .....	.....
1.2	Other bonds (unaffiliated)	(a) .....1,675,955	..... 1,591,455
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) .....317,210	..... 264,351
7	Derivative instruments	(f) .....0	.....0
8.	Other invested assets .....	.....14,423	..... 14,423
9.	Aggregate write-ins for investment income .....	.....0	.....0
10.	Total gross investment income	2,038,588	1,901,229
11.	Investment expenses		(g) .....189,946
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) .....		.....189,946
17.	Net investment income (Line 10 minus Line 16)		1,711,283
DETAILS OF WRITE-INS			
0901.	.....	
0902.	.....	
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)	0	0
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 \$76,832 accrual of discount less \$911,662 amortization of premium and less \$0 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	0	0	0	0	0
1.1	Bonds exempt from U.S. tax	0	0	0	0	0
1.2	Other bonds (unaffiliated)	0	0	0	0	0
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)	0	0	0	0	0
2.11	Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unaffiliated)	0	0	0	0	0
2.21	Common stocks of affiliates	0	0	0	0	0
3.	Mortgage loans	0	0	0	0	0
4.	Real estate	0	0	0	0	0
5.	Contract loans	0	0	0	0	0
6.	Cash, cash equivalents and short-term investments	0	0	0	0	0
7.	Derivative instruments	0	0	0	0	0
8.	Other invested assets	0	0	0	0	0
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	0	0	0	0	0
DETAILS OF WRITE-INS						
0901.	.....				
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)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Maine Community Health Options

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)	185,500	185,500	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)	185,500	185,500	0
13. Title plants (for Title insurers only)			0
14. Investment income due and accrued			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	627,345	655,496	28,151
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			0
18.1 Current federal and foreign income tax recoverable and interest thereon			0
18.2 Net deferred tax asset			0
19. Guaranty funds receivable or on deposit			0
20. Electronic data processing equipment and software	124,332	139,370	15,038
21. Furniture and equipment, including health care delivery assets	10,775	13,558	2,783
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	2,172,050	1,609,923	(562,127)
25. Aggregate write-ins for other-than-invested assets	2,115,741	1,473,928	(641,813)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	5,235,743	4,077,775	(1,157,968)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. Total (Lines 26 and 27)	5,235,743	4,077,775	(1,157,968)
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	2,096,707	1,417,943	(678,764)
2502. Miscellaneous Receivables	16,768	53,719	36,951
2503. Security Deposits	2,266	2,266	0
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)	2,115,741	1,473,928	(641,813)

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	11,950	12,340	11,968	11,843	11,549	143,722
2. Provider Service Organizations						
3. Preferred Provider Organizations	21,992	20,157	19,777	19,159	18,618	235,870
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	33,942	32,497	31,745	31,002	30,167	379,592
DETAILS OF WRITE-INS						
0601.						
0602.						
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)	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

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

		SSAP #	F/S Page	F/S Line #	2024	2023
<u>NET INCOME</u>						
(1)	Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$(44,064,724)	\$(27,830,922)
(2)	State Prescribed Practices that are an increase/(decrease) from NAIC SAP				—	—
(3)	State Permitted Practices that are an increase/(decrease) from NAIC SAP				—	—
(4)	NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$(44,064,724)	\$(27,830,922)
<u>SURPLUS</u>						
(5)	Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 45,483,712	\$ 90,706,404
(6)	State Prescribed Practices that are increase/(decrease) from NAIC SAP				—	—
(7)	State Permitted Practices that are an increase/(decrease) from NAIC SAP				—	—
(8)	NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 45,483,712	\$90,706,404

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

The preparation of financial statements in conformity with NAIC Annual Statement Instructions and NAIC SAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

C. Accounting Policy

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

In addition, the Company uses the following accounting policies:

- (1) Short-term investments include investments with maturities of less than one year at the date of acquisition and are reported at amortized cost, which approximates fair value.
- (2) Investment grade bonds not backed by other loans are stated at amortized cost, with amortization calculated based on the scientific interest method, using yield to maturity.
- (3) The Company has no investments in common stocks of unaffiliated companies.
- (4) The Company has no investments in preferred stocks.
- (5) The Company has no mortgage loans on real estate.
- (6) Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair value. The retrospective adjustment method is used to value all securities.
- (7) The Company owns 100% of Community Options LLC.
- (8) The Company has an investment in an unaffiliated limited liability company. The Company reports this investment as an other long-term invested asset on Schedule BA. The asset, which is carried at its Generally Accepted Accounting Principles equity, is nonadmitted for statutory reporting purposes.
- (9) The Company has no derivative instruments.

NOTES TO FINANCIAL STATEMENTS

- (10) The Company does not use anticipated investment income as a factor in the premium deficiency reserve calculation.
- (11) Unpaid claims and claims adjustment expenses included management’s best estimate of amounts based on historical claim development patterns and certain individual case estimates. The established liability considered 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 claims adjustment expenses are based on assumptions and estimates. While management believes such estimates are reasonable, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continuously reviewed and changes in estimates are incorporated into current period estimates.
- (12) The Company has not modified its capitalization policy from the prior period.
- (13) Pharmaceutical rebate receivables are recorded when earned based on actual rebate receivables billed and an estimate of receivables based on current utilization of specific pharmaceuticals and provider contract terms.

D. Going Concern

Not applicable

2. Accounting Changes and Corrections of Errors

A. Accounting Changes

There were no accounting changes or corrections of errors during the years ended December 31, 2024 and 2023.

B. Corrections of Errors

There were no 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 and 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.

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 mortgage-backed securities were obtained from broker-dealer survey values. The Company used various third-party pricing party sources in determining the market value of its loan-backed securities.
- (2) The Company did not recognize other-than-temporary impairments on its loan-backed securities during the years ended December 31, 2024 and 2023.
- (3) The Company did not recognize other-than-temporary impairments on its loan-backed securities during the years ended December 31, 2024 and 2023.
- (4) The Company did not recognize other-than-temporary impairments on its loan-backed securities during the years ended December 31, 2024 and 2023.
- (5) The Company had no impaired loan-backed securities for which an other-than-temporary impairment had not been recognized in earnings during the years ended December 31, 2024 and 2023.
- (6) The Company had no impaired loan-backed securities at December 31, 2024 and 2023.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

- (1) There were no significant changes during the years ended December 31, 2024 and 2023.
- (2) Not applicable.
- (3) Neither the Company nor its agent has accepted collateral that is permitted by contract or custom to sell or re-pledge during the years ended December 31, 2024 and 2023.
- (4) Not applicable.
- (5) Not applicable.
- (6) Not applicable.
- (7) Not applicable.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

The Company did not enter into repurchase agreement transactions accounted for as a secured borrowing at December 31, 2024 or 2023.

G. Reverse Repurchase Agreements Transaction Accounted for as Secured Borrowing

The Company did not enter into reverse repurchase agreement transactions accounted for as a secured borrowing at December 31, 2024 or 2023.

H. Repurchase Agreements Transactions Accounted for as a Sale

The Company did not enter into repurchase agreements transactions accounted for as a sale at December 31, 2024 or 2023.

I. Reverse Repurchase Agreements Transactions Accounted for a Sale

The Company did not enter into reverse repurchase agreements transactions accounted for as a sale at December 31, 2024 or 2023.

J. Real Estate

The Company did not have investments in real estate at December 31, 2024 and 2023.

NOTES TO FINANCIAL STATEMENTS

K. Low-Income Housing Tax Credits (LIHTC)

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

L. Restricted Assets

(1) Restricted Assets (Including Pledged)

	1	2	3	4	5	6	7
Restricted Asset Category	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Admitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	\$
b. Collateral held under security lending agreements
c. Subject to repurchase agreements
d. Subject to reverse repurchase agreements
e. Subject to dollar repurchase agreements
f. Subject to dollar reverse repurchase agreements
g. Placed under option contracts
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock
i. FHLB capital stock
j. On deposit with states	111,470	111,542	(72)	.....	111,470	0.086%	0.090%
k. On deposit with other regulatory bodies
l. Pledged collateral to FHLB (including assets backing funding agreements)
m. Pledged as collateral not captured in other categories
n. Other restricted assets
o. Total Restricted Assets	\$111,470	\$..111,542	\$(72)	\$	\$...111,470	.....0.086%	.....0.090%

(a) Column 1 divided by Asset Page, Column 1, Line 28
(b) Column 5 divided by Asset Page, Column 3, Line 28

- (2) Detail of Assets Pledged as Collateral Not Captured in Other Categories – Not applicable.
(3) Detail of Other Restricted Assets – Not applicable.
(4) Collateral Received and Reflected as Assets within the Reporting Entity’s Financial Statements – Not applicable.

NOTES TO FINANCIAL STATEMENTS

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 and netting of assets and liabilities at December 31, 2024 and 2023.

O. 5GI Securities

The Company did not have any 5GI securities at 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

The Company did not have any prepayment penalty or acceleration fees at December 31, 2024 and 2023.

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

The Company did not participate in any cash pools at December 31, 2024 and 2023.

S. Aggregate Collateral Loans by Qualifying Investment Collateral

The Company did not have any aggregate collateral loans at December 31, 2024 and 2023.

6. Joint Ventures, Partnerships and Limited Liability Companies

A. The Company had no investments in joint ventures, partnerships or limited liability companies that exceeded 10% of its admitted assets at December 31, 2024 or 2023.

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 and 2023 there was no non-admitted accrued investment income.

C. The gross, nonadmitted and admitted amounts for interest income due and accrued:

Interest Income Due and Accrued	Amount
1. Gross	\$ 623,351
2. Nonadmitted	\$ -
3. Admitted	\$ 623,351

D. Aggregate Deferred Interest: Not applicable

E. Cumulative Amounts of Paid-In-Kind (PIK) Interest Included in the Current Principal Balance: Not applicable

8. Derivative Instruments

The Company had no derivative instruments at December 31, 2024 or 2023.

NOTES TO FINANCIAL STATEMENTS

9. Income Taxes

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

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

- A. **Nature of the Relationship:** The Company owns 100% of Community Options, LLC.
- B. **Significant Transactions for Each Period:** Not applicable.
- C. **Transactions with Related Parties not Reported on Schedule Y:** Not applicable.
- D. **Amounts Due from or to Related Parties:** Not applicable.
- E. **Management and Service Contracts and Cost Sharing Arrangements:** Not applicable.
- F. **Guarantees or Undertakings:** Not applicable.
- G. **Nature of Control Relationships that Could Affect Operations or Financial Position:** Not applicable.
- H. **Amount Deducted for Investment to Upstream Company:** Not applicable.
- I. **Detail of Investments in Affiliates Greater than 10% of Admitted Assets:** Not applicable.
- J. **Write-down for Impairments of Investments in Subsidiaries, Controlled or Affiliated Companies (“SCA”):** Not applicable.
- K. **Investment in a Foreign Insurance Subsidiary:** Not applicable.
- L. **Investments in Downstream Non-Insurance Holding Companies:** Not applicable.
- M. **All SCA investments:** Not applicable.
- N. **Investment in Insurance SCAs:** Not applicable.
- O. **SCA and SSAP No. 48 Entity Loss Tracking:** Not applicable.

11. Debt

A. Debt, including Capital Notes

The Company had no outstanding notes payable at December 31, 2024 or 2023.

The Company does not have any reverse repurchase agreements at December 31, 2024 or 2023.

B. FHLB (Federal Home Loan Bank) Agreements

The Company had no FHLB Agreements outstanding at December 31, 2024 or 2023.

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

A. Defined Benefit Plan

Not applicable.

B. Defined Benefit Plan Investment Policies and Strategies

Not applicable.

C. Defined Benefit Plan Fair Value of Assets

Not applicable.

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

Not applicable.

NOTES TO FINANCIAL STATEMENTS

E. Defined Contribution Plan

The Company maintains a Section 401(k) Retirement Plan for its employees. For the years ended December 31, 2024 and 2023, elective employee deferrals were matched by the Company in an amount equal to 100% of such deferrals up to a maximum match of 3% of compensation plus 50% of such elective deferrals equal to more than 3% but not exceeding 5% of compensation. The Company's contribution to the plan was \$429,388 and \$449,187 for 2024 and 2023, respectively.

The Company owns a Section 457(b) Plan (the "Plan") for its employees. The Plan limits participation to a select group of management or highly compensated employees (or "top hat" group) and is exempt from most Employee Retirement Income Security Act of 1974 requirements. During 2023, the Company executed fund withdrawals of \$58,090, with an initial cost of \$36,000, resulting in a realized gain of \$22,090. The value of the Plan funds was \$108,000 at December 31, 2024 and 2023. As of December 31, 2024 and 2023 the fair market value of the funds is \$214,088 and 186,069, respectively.

F. Multiemployer Plans

Not applicable.

G. Consolidated/Holding Company Plans

Not applicable.

H. Postemployment Benefits and Compensated Absences

Liabilities for earned not yet taken vacation benefits have been accrued as of December 31, 2024 and 2023.

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

Not applicable.

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

- A. **Outstanding Shares:** The Company has no outstanding shares.
- B. **Preferred Stock:** The Company has no preferred stock outstanding.
- C. **Dividend Restrictions:** Not applicable.
- D. **Dividends Paid:** Not applicable.
- E. **Maximum Ordinary Dividend during 2024:** Not applicable.
- F. **Unassigned Surplus Restrictions:** There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- G. **Mutual Surplus Advances:** Not applicable.
- H. **Company Stock Held for Special Purpose:** Not applicable.
- I. **Changes in Special Surplus Funds:** Not applicable. !
- J. **Changes in Unassigned Funds:** Not applicable.
- K. **Surplus Notes:** The Company issued the following surplus debentures or similar obligations:

1	2	3	4	5	6	7	8
Item Number	Date Issued	Interest Rate	Original Issue Amount of Note	Is Surplus Note Holder a Related Party (Y/N)	Carrying Value of Note Prior Year	Carrying Value of Note Current Year *	Unapproved Interest And/Or Principal
1001	03/29/2012	0.000%	\$ 12,506,124	N	\$ 12,506,124	\$ 12,506,124	\$ -
1002	02/22/2013	0.370%	\$119,810,000	N	\$119,810,000	\$119,810,000	\$ 4,274,831
Total	XXX	XXXX	\$132,316,124	XXX	\$132,316,124	\$132,316,124	\$ 4,274,831

* Total should agree with Page 3, Line 29.

NOTES TO FINANCIAL STATEMENTS

1	9	10	11	12	13	14
Item Number	Current Year Interest Expense Recognized	Life-To-Date Interest Expense Recognized	Current Year Interest Offset Percentage (not including amounts paid to a 3rd party liquidity provider).	Current Year Principal Paid	Life-To-Date Principal Paid	Date of Maturity
1001	\$ -	\$ -	-	\$ -	\$ -	08/12/2020
1002	\$ -	\$ -	-	\$ -	\$ -	12/30/2030
Total	\$ -	\$ -	XXX	\$ -	\$ -	XXX

1	15	16	17	18	19
Item Number	Are Surplus Note payments contractually linked? (Y/N)	Surplus Note payments subject to administrative offsetting provisions? (Y/N)	Were Surplus Note proceeds used to purchase an asset directly from the holder of the surplus note? (Y/N)	Is Asset Issuer a Related Party (Y/N)	Type of Assets Received Upon Issuance
1001	Y	N	N	N	Cash
1002	Y	N	N	N	Cash
Total	XXX	XXX	XXX	XXX	XXX

1	20	21	22
Item Number	Principal Amount of Assets Received Upon Issuance	Book/Adjusted Carry Value of Assets	Is Liquidity Source a Related Party to the Surplus Note Issuer? (Y/N)
1001	\$ 12,506,124	\$ 12,506,124	N
1002	\$119,810,000	\$119,810,000	N
Total	\$132,316,124	\$132,316,124	XXX

At December 31, 2024 and 2023, the surplus notes had carrying values of \$119,810,000 and \$12,506,124. Under the terms of the \$119,810,000 surplus notes, each individual draw is repayable fifteen years from the date of the draw, with the last repayment due December 30, 2030. Under the terms of the \$12,506,124 surplus notes, each individual draw was repayable five years from the date of the draw, with the last repayment due August 12, 2020. Accrued interest payments are due annually beginning in 2020 for draws made prior to 2019. Interest rates for the surplus notes of \$119,810,000 and \$12,506,124 are accrued at 0.37% and 0.00%, respectively.

The surplus note has the following repayment conditions and restrictions: Each payment of interest on and principal of the surplus note may be made only with the prior approval of the Commissioner of Insurance of the State of Maine and only to the extent the Company has sufficient surplus earnings to make such payment. During 2024 and 2023, the Company made no interest or principal payments and, because interest payments have not been approved by the Commissioner of Insurance, accrued interest on the surplus note is excluded from these financial statements.

The surplus note has the following subordination terms: Because the intent of the note is to provide financing that meets the definition of “risk based capital” for State Insurance Laws purposes, the note will have a claim on cash flow and reserves of the Company that is subordinate to (a) claims payments, (b) basic operating expenses, and (c) maintenance of required reserve funds while the Company is operating as a CO-OP under State Insurance Laws.

- 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.

NOTES TO FINANCIAL STATEMENTS

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

The Company has no contingent commitments at December 31, 2024 and 2023.

B. Assessments

The Company has identified no assessments that could have a material financial effect on these statements at December 31, 2024 and 2023.

C. Gain Contingencies

In December 2024, the Company and the United States Government entered into a settlement agreement wherein the parties agreed that the Company was entitled to payment under section 1402 of the Affordable Care Act for unpaid Cost Share Reduction payments for benefit year 2018 and onward. Payment for this matter was received during the first quarter of 2025. There were no additional significant changes during 2024.

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

Not applicable.

E. Joint and Several Liabilities

Not applicable.

F. All Other Contingencies

At December 31, 2024 and 2023, the Company reported admitted assets of \$662,625 and \$1,157,882, respectively, in premiums receivable due from policyholders. Based upon Company experience, any uncollectible receivables are not expected to exceed \$56,092 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 Leases

(1) The Company leases office space under various non-cancelable operating leases. Related lease expense for 2024 and 2023 was \$45,775 and \$104,272, respectively.

The Company's former office space lease ended on April 30, 2023. The Company entered into two new leases in 2023. The first lease is a 60 month lease for office space commencing on May 1, 2023 with monthly installments of \$2,266 for the first twelve months. The second lease is a month-to-month lease for office space commencing on September 1, 2023 with monthly installments of \$1,550

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

<u>Year</u> <u>Ended</u>	<u>Operating</u> <u>Leases</u>
2025	\$ 28,560
2026	\$ 29,421
2027	\$ 30,308
2028	\$ 10,202
	<u>\$ 98,491</u>

(3) The Company is not involved in any sales-leaseback transactions.

NOTES TO FINANCIAL STATEMENTS

B. Lessor Leases

- (1) The Company has not entered into any operating leases.
- (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 had no financial instruments with off-balance sheet risk at December 31, 2024 and 2023.

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

Not applicable at December 31, 2024 or 2023.

C. Wash Sales

- (1) In the course of the Company’s asset management, securities may be sold and reacquired within 30 days of the sale date to enhance yield on the investments.
- (2) At December 31, 2024 and 2023, there were no wash sales involving securities with an NAIC designation of 3 or below or unrated.

NOTES TO FINANCIAL STATEMENTS

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

A. Administrative Services Only Plans:

The loss from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans during 2024 was:

	ASO Uninsured	Uninsures Portion of Partially Insured Plans	ASO Uninsured
a) Net reimbursements for administrative expenses (including administrative fees) in excess of actual expenses	\$ (821,162)	\$ -	\$ (821,162)
b) Total net other income or expenses (including interest paid to or received from plans)	\$ -	\$ -	\$ -
c) Net gain or (loss) from operations (a+b)	<u>\$ (821,162)</u>	<u>\$ -</u>	<u>\$ (821,162)</u>
d) Total claim payment volume	<u>\$ 8,851,060</u>	<u>\$ -</u>	<u>\$ 8,851,060</u>

B. Administrative Services Contract Plans: Not applicable.

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

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

The Company had no premiums written by managing general agents or third-party administrators during the years ended December 31, 2024 and 2023.

20. Fair Value Measurements

A. Fair Value Measurements

The Company had no material assets or liabilities measured and reported at fair value at December 31, 2024.

B. Fair Value Measurements Under Other Accounting Pronouncements

Not applicable.

C. Financial Instruments

Certain of the Company’s financial instruments are measured at fair value. The fair values of these instruments are based on valuations that include inputs that can be classified within one of three levels of a hierarchy established by GAAP. The following are the levels of the hierarchy and a brief description of the type of valuation information (inputs) that qualifies a financial asset or liability for each level:

- **Level 1** – Unadjusted quoted prices for identical assets or liabilities in active markets.
- **Level 2** – Inputs other than Level 1 that are based on observable market data. These include: quoted prices for similar assets in active markets, quoted prices for identical assets in inactive markets, inputs that are observable that are not prices (such as interest rates and credit risks) and inputs that are derived from or corroborated by observable markets.
- **Level 3** – Developed from unobservable data, reflecting the Organization’s own assumptions.

NOTES TO FINANCIAL STATEMENTS

Financial assets and liabilities are classified based upon the lowest level of input that is significant to the valuation. When quoted prices in active markets for identical assets and liabilities are available, the Company uses these quoted market prices to determine the fair value of financial assets and liabilities and classify these assets and liabilities as Level 1. In other cases where a quoted market price for identical assets and liabilities in an active market is either not available or not observable, the Company estimates fair value using valuation methodologies based on available and observable market information or by using a matrix pricing model. These financial assets and liabilities would then be classified as Level 2. If quoted market prices are not available, the Company determines fair value using broker quotes or an internal analysis of each investment’s financial performance and cash flow projections. Thus, financial assets and liabilities may be classified in Level 3 even though there may be some significant inputs that may be observable.

There have been no significant changes in the valuation techniques during 2024.

The carrying values and estimated fair values of the Company’s financial instruments at December 31, 2024 were as follows:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$93,898,435	\$100,270,907	\$-----	\$100,270,907	\$-----	\$-----	\$-----
Cash Equivalents	\$126,002	\$126,002	\$126,002	\$-----	\$-----	\$-----	\$-----

D. Not Practicable to Estimate Fair Value

There are no financial instruments that were not practicable to estimate fair value at December 31, 2024 and 2023.

E. Investments Measured at Net Asset Value (NAV) Practical Expedient

The Company had no investments measured using the NAV practical expedient at December 31, 2024 and 2023.

21. Other Items

- A. Unusual or Infrequent Items: Not applicable.
- B. Troubled Debt Restructuring: Debtors: Not applicable.
- C. Other Disclosures:

Bonds with an amortized cost of \$111,470 and \$111,542, respectively, were on deposit with a regulatory authority at December 31, 2024 and 2023.
- D. Business Interruption Insurance Recoveries: Not applicable.
- E. State Transferable and Non-transferable Tax Credits: Not applicable.
- F. Subprime-Mortgage-Related Risk Exposure: Not applicable.
- G. Retained Assets: Not Applicable.
- H. Insurance-Linked Securities (ILS) 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 March 3, 2025 for the statutory statements issued on March 10, 2025. There were no events occurring subsequent to December 31, 2024 requiring disclosure.

NOTES TO FINANCIAL STATEMENTS

23. Reinsurance

A. Ceded Reinsurance Report.

Section 1 – General Interrogatories

- 1) Are any of the reinsurers, 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)
- 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, beneficiary, a creditor or any other person not primarily engaged in the insurance business?
Yes () No (X)

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 credit?
Yes () No (X)
- 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 reinsurance policies?
Yes () No (X)

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.
Not applicable
- 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)

B. Uncollectible Reinsurance

The Company has no uncollectible reinsurance as of December 31, 2024 and 2023.

C. Commutation of Ceded Reinsurance

The Company has not commuted ceded reinsurance during the years ended December 31, 2024 and 2023.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not applicable at December 31, 2024 and 2023.

NOTES TO FINANCIAL STATEMENTS

E. Reinsurance Credit

Not applicable at December 31, 2024 and 2023.

24. Retrospectively Rated Contracts and 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 review of each retrospectively rated account, comparing the claim development with that anticipated in the policy contracts.
- B.** The Company records retrospective premium as an adjustment to earned premium.
- C.** The amount of premiums written by the Company at December 31, 2024 that was subject to retrospective rating features was \$255,908,641 which represented 100% of the total net premiums written.

NOTES TO FINANCIAL STATEMENTS

D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	\$ (607,259)	-	-	-	\$ (607,259)
(2) Medical loss ratio rebates paid	\$ 827,497	-	-	-	\$ 827,497
(3) Medical loss ratio rebates unpaid	\$ -	-	-	-	\$ -
(4) Plus reinsurance assumed amounts	XXXX	XXXX	XXXX	XXXX	XXXX
(5) Less reinsurance ceded amounts	XXXX	XXXX	XXXX	XXXX	XXXX
(6) Rebates unpaid net of reinsurance	XXXX	XXXX	XXXX	XXXX	XXXX
Current Reporting Year-to-Date					
(1) Medical loss ratio rebates incurred	\$ -	-	-	-	\$ -
(2) Medical loss ratio rebates paid	\$ -	-	-	-	\$ -
(3) Medical loss ratio rebates unpaid	\$ -	-	-	-	\$ -
(4) Plus reinsurance assumed amounts	XXXX	XXXX	XXXX	XXXX	XXXX
(5) Less reinsurance ceded amounts	XXXX	XXXX	XXXX	XXXX	XXXX
(6) Rebates unpaid net of reinsurance	XXXX	XXXX	XXXX	XXXX	XXXX

NOTES TO FINANCIAL STATEMENTS

E. Risk Sharing Provisions of the Affordable Care Act

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

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

		AMOUNT
a. Permanent ACA Risk Adjustment Program		
Assets		
1. Premium adjustments receivable due to ACA Risk Adjustment (including high-risk payments)	\$	436,000
Liabilities		
2. Risk adjustment user fees payable for ACA Risk Adjustment		71,466
3. Premium adjustments payable due to ACA Risk Adjustment (including high-risk payments)		4,986,590
Operations (Revenue & Expense)		
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment		(4,550,590)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)		71,981

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

	Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1 - 3 + 7)	Cumulative Balance from Prior Years (Col 2 - 4 + 8)
	1	2	3	4	5	6	7	8		
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable (Payable)
a. Permanent ACA Risk Adjustment Program										
1. Premium adjustments receivable (including high-risk payments) .....	..1,213,000	..... 0	...2,169,981	..... 0	....(956,981)	..... 0	.....956,981	.....0	A	.....0
2. Premium adjustments (payable) (including high-risk payments).....	.....0	..11,205,000	..... 0	..6,557,513	..... 0	...4,647,487	..... 0	...(4,647,487)	B	.....0
3. Subtotal ACA Permanent Risk Adjustment Program	..1,213,000	..11,205,000	...2,169,981	..6,557,513	....(956,981)	...4,647,487	.....956,981	...(4,647,487)		.....0

Explanation of Adjustments

- A. Adjustment was made to reflect the ending balance as reported in the CMS "Summary Report on Individual and Small Group Market Risk Adjustment Transfers for the 2023 Benefit Year." Also, includes adjustments reported in CMS "Summary Report of 2022 Benefit Year Risk Adjustment Data Validation (HHS-RADV) Adjustments to Risk Adjustment State Transfers."
- B. Adjustment was made to reflect the ending balance as reported in the CMS "Summary Report on Individual and Small Group Market Risk Adjustment Transfers for the 2023 Benefit Year."

NOTES TO FINANCIAL STATEMENTS

25. Change in Incurred Claims and Claim Adjustment Expenses

- A. Reserves as of December 31, 2024 were \$33,830,391. As of December 31, 2024, \$15,704,617 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$264,833 as a result of re-estimation of unpaid claims and claim adjustments expenses principally on the comprehensive line of business. There has been a \$6,829,871 favorable prior year development from December 31, 2023 to December 31, 2024. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.
- B. There were no significant changes in methodologies and assumptions used in calculating the liability for unpaid claims and claim 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.

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	\$ 5,192,853	\$ 5,450,114	\$ -	\$ -	\$ -
09/30/2024	\$ 4,980,580	\$ 5,292,962	\$ 5,013,228	\$ -	\$ -
06/30/2024	\$ 5,675,051	\$ 5,240,445	\$ 4,990,182	\$ (52,156)	\$ -
03/31/2024	\$ 6,394,963	\$ 4,934,462	\$ 4,615,425	\$ (73,435)	\$ 13,217
12/31/2023	\$ 4,806,593	\$ 5,160,349	\$ 5,152,581	\$ 3,037,618	\$ (4,548)
09/30/2023	\$ 6,610,437	\$ 4,797,191	\$ 4,798,119	\$ (440,009)	\$ 139,179
06/30/2023	\$ 3,810,399	\$ 4,325,418	\$ 4,381,695	\$ (54,416)	\$ (146,730)
03/31/2023	\$ 2,941,554	\$ 4,012,021	\$ 4,040,721	\$ -	\$ (116,588)
12/31/2022	\$ 2,598,343	\$ 2,299,493	\$ -	\$ 3,127,150	\$ (11,799)
09/30/2022	\$ 2,806,214	\$ 2,186,566	\$ -	\$ 2,455,975	\$ (46,867)
06/30/2022	\$ 2,226,994	\$ 2,080,775	\$ -	\$ 2,365,187	\$ (116,179)
03/31/2022	\$ 1,880,181	\$ 1,864,762	\$ -	\$ 2,075,015	\$ (123,736)

B. Risk Sharing Receivables

Not applicable at December 31, 2024 and 2023.

29. Participating Policies

Not applicable at December 31, 2024 and 2023.

NOTES TO FINANCIAL STATEMENTS

30. Premium Deficiency Reserves

The Company recorded a liability for premium deficiency reserves at December 31, 2024.

1. Liability carried for premium deficiency reserves	\$	29,760,225
2. Date of the most recent evaluation of this liability		12/31/2024
3. Was anticipated investment income utilized in the calculation?	Yes	No X

31. Anticipated Salvage and Subrogation

The Company took into account estimated anticipated subrogation recoveries in its determination of the liability for unpaid claims and reduced such liability by \$0 for the years ended December 31, 2024 and 2023.

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 [] No [X]

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.

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.

12/31/2021

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.

12/31/2021

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).

08/03/2023

3.4

By what department or departments?
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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Maine Community Health Options

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	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	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? KPMG LLC One Financial Plaza 755 Main Street Hartford, CT 06103
- 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? Kathleen Ely FSA, MAAA, Millman 80 Lamberton Road Windsor, CT 06095 Actuary/Consultant
- 12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes [] No [X]
- 12.11

Name of real estate holding company ...
- 12.12

Number of parcels involved
- 12.13

Total book/adjusted carrying value

\$
- 12.2

If yes, provide explanation
13.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1

What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes [] No []
- 13.3

Have there been any changes made to any of the trust indentures during the year?

Yes [] No []
- 13.4

If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes [] No [] N/A []
- 14.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes [X] No []
- a.

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b.

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c.

Compliance with applicable governmental laws, rules and regulations;
- d.

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e.

Accountability for adherence to the code.
- 14.11

If the response to 14.1 is No, please explain:
- 14.2

Has the code of ethics for senior managers been amended?

Yes [] No [X]
- 14.21

If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3

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

Yes [] No [X]
- 14.31

If the response to 14.3 is yes, provide the nature of any waiver(s).

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Maine Community Health Options

GENERAL INTERROGATORIES

- 15.1

Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?

Yes [] No [X]
- 15.2

If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

BOARD OF DIRECTORS

16.

Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?

Yes [X] No []
17.

Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?

Yes [X] No []
18.

Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes [X] No []

FINANCIAL

19.

Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes [] No [X]
- 20.1

Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers.....\$ 0

20.12 To stockholders not officers.....\$ 0

20.13 Trustees, supreme or grand (Fraternal Only)\$ 0
- 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.....\$ 0

20.22 To stockholders not officers.....\$ 0

20.23 Trustees, supreme or grand (Fraternal Only)\$ 0
- 21.1

Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?

Yes [] No [X]
- 21.2

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

21.21 Rented from others.....\$

21.22 Borrowed from others.....\$

21.23 Leased from others\$

21.24 Other\$
- 22.1

Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?

Yes [] No [X]
- 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?

Yes [] No [X]
- 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?

Yes [] No [X]
- 24.2

If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

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

INVESTMENT

- 25.01

Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03).....

Yes [X] No []

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Maine Community Health Options

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)

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. \$

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

25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]

25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]

25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]

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 \$ 0

25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0

25.093 Total payable for securities lending reported on the liability page \$ 0

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 \$ 0

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 111,470

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 []

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. \$

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
Key Private Bank	4900 Tiedeman Road, Brooklyn, OH 44144-2302
US Bank	1555 N. Rivercenter Dr. Suite 300 Milwaukee, WI 53212

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Maine Community Health Options

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
Key Private Bank	U.....

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [X] No []

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

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

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
.....	Key Private Bank	HUX2X73FUCYHUVH1BK78	Office of the Comptroller of the Currency	DS.....

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Maine Community Health Options

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	100,270,907	93,898,435	(6,372,472)
31.2 Preferred stocks	0		0
31.3 Totals	100,270,907	93,898,435	(6,372,472)

- 31.4 Describe the sources or methods utilized in determining the fair values:
IDC Fixed Income
- 32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [X] No []
- 32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [X] No []
- 32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
.....
- 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 [] N/A [X]

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Maine Community Health Options

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?\$ 156,582
- 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
Health Plan Alliance LLC	49,929
Maine Association of Health Plans	44,533
- 41.1 Amount of payments for legal expenses, if any?\$635,023
- 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
Crowell Moring	528,135
- 42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any?\$ 60,250
- 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
Government Strategies	60,250

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Maine Community Health Options

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [] No [X]

1.2

If yes, indicate premium earned on U.S. business only.

\$

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.

\$ 0

1.6

Individual policies:

Most current three years:

1.61

Total premium earned

\$ 0

1.62

Total incurred claims

\$ 0

1.63

Number of covered lives

..... 0

All years prior to most current three years:

1.64

Total premium earned

\$ 0

1.65

Total incurred claims

\$ 0

1.66

Number of covered lives

..... 0

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

.....254,603,458.....

.....233,165,376.....

2.2

Premium Denominator

.....254,603,458.....

.....233,165,376.....

2.3

Premium Ratio (2.1/2.2)

.....1.000.....

.....1.000.....

2.4

Reserve Numerator

.....66,510,020.....

.....51,469,724.....

2.5

Reserve Denominator

.....66,510,020.....

.....51,469,724.....

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 [X] No []

5.2

If no, explain:

.....

5.3

Maximum retained risk (see instructions)

5.31

Comprehensive Medical

\$ 850,000

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:

.....

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

..... 28,758

8.2

Number of providers at end of reporting year

..... 32,639

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

\$.....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Maine Community Health Options

GENERAL INTERROGATORIES

10.1

Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes ☒ No ☐

10.2

If yes:

10.21

Maximum amount payable bonuses

\$ 840,762

10.22

Amount actually paid for year bonuses

\$ 583,192

10.23

Maximum amount payable withholds

\$

10.24

Amount actually paid for year withholds

\$

11.1

Is the reporting entity organized as:

11.12

A Medical Group/Staff Model

Yes ☐ No ☒

11.13

An Individual Practice Association (IPA), or,

Yes ☐ No ☒

11.14

A Mixed Model (combination of above)?

Yes ☐ No ☒

11.2

Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

Yes ☒ No ☐

11.3

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

Maine

11.4

If yes, show the amount required.

\$ 22,399,254

11.5

Is this amount included as part of a contingency reserve in stockholder's equity?

Yes ☐ No ☒

11.6

If the amount is calculated, show the calculation

200% of Health Risk-Based Capital Authorized Control Level (200% of \$11,199,627)

12

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

1
Name of Service Area
Maine
New Hampshire

13.1

Do you act as a custodian for health savings accounts?

Yes ☐ No ☒

13.2

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

\$

13.3

Do you act as an administrator for health savings accounts?

Yes ☐ No ☒

13.4

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

\$

14.1

Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?

Yes ☐ No ☐ N/A ☒

14.2

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

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

15

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

15.1

Direct Premium Written

\$

15.2

Total Incurred Claims

\$

15.3

Number of Covered Lives

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

16.1

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

Yes ☐ No ☐

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Maine Community Health Options

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)	124,258,026	157,104,410	165,982,001	184,016,793	218,975,407
2. Total liabilities (Page 3, Line 24)	78,774,314	66,398,006	47,198,985	63,626,876	78,835,404
3. Statutory minimum capital and surplus requirement	22,399,254	19,819,146	18,171,160	14,451,650	14,465,520
4. Total capital and surplus (Page 3, Line 33)	45,483,712	90,706,404	118,783,016	120,389,917	140,140,003
Income Statement (Page 4)					
5. Total revenues (Line 8)	254,603,458	233,165,376	205,096,908	164,254,590	243,934,497
6. Total medical and hospital expenses (Line 18)	241,134,949	210,797,317	180,280,193	139,348,360	137,374,363
7. Claims adjustment expenses (Line 20)	13,582,242	13,886,773	13,432,586	11,319,822	14,204,753
8. Total administrative expenses (Line 21)	34,243,493	34,330,898	29,499,016	25,029,634	40,765,985
9. Net underwriting gain (loss) (Line 24)	(45,117,451)	(29,049,612)	(4,214,887)	(23,065,986)	55,612,156
10. Net investment gain (loss) (Line 27)	1,711,283	1,799,623	1,711,046	1,440,888	1,574,472
11. Total other income (Lines 28 plus 29)	(658,556)	(580,933)	1,204,927	1,614,154	(684,162)
12. Net income or (loss) (Line 32)	(44,064,724)	(27,830,922)	(1,298,914)	(20,010,944)	56,502,466
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(22,578,960)	(3,220,820)	(20,648,045)	(43,566,626)	42,999,018
Risk-Based Capital Analysis					
14. Total adjusted capital	45,483,712	90,706,404	118,783,016	120,389,917	140,140,003
15. Authorized control level risk-based capital	11,199,627	9,909,573	9,085,580	7,225,825	7,238,898
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	30,167	33,942	29,300	22,984	26,130
17. Total members months (Column 6, Line 7)	379,592	406,284	349,740	284,476	337,405
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)	94.7	90.4	87.9	84.9	56.4
20. Cost containment expenses	3.4	3.7	4.1	4.5	4.0
21. Other claims adjustment expenses	2.0	2.2	2.5	2.4	1.8
22. Total underwriting deductions (Line 23)	117.7	112.5	102.1	114.2	77.3
23. Total underwriting gain (loss) (Line 24)	(17.7)	(12.5)	(2.1)	(14.1)	22.8
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	14,419,848	15,087,413	11,095,324	17,259,760	20,259,444
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)]	21,264,724	15,558,067	11,226,938	19,459,101	23,237,320
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
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.	0	0	0	0	0

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 Maine Community Health Options

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories												
			1	Direct Business Only								
				2	3	4	5	6	7	8	9	10
States, etc.			Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1.	Alabama	AL	N								0	
2.	Alaska	AK	N								0	
3.	Arizona	AZ	N								0	
4.	Arkansas	AR	N								0	
5.	California	CA	N								0	
6.	Colorado	CO	N								0	
7.	Connecticut	CT	N								0	
8.	Delaware	DE	N								0	
9.	District of Columbia	DC	N								0	
10.	Florida	FL	N								0	
11.	Georgia	GA	N								0	
12.	Hawaii	HI	N								0	
13.	Idaho	ID	N								0	
14.	Illinois	IL	N								0	
15.	Indiana	IN	N								0	
16.	Iowa	IA	N								0	
17.	Kansas	KS	N								0	
18.	Kentucky	KY	N								0	
19.	Louisiana	LA	N								0	
20.	Maine	ME	L	255,908,641							255,908,641	
21.	Maryland	MD	N								0	
22.	Massachusetts	MA	N								0	
23.	Michigan	MI	N								0	
24.	Minnesota	MN	N								0	
25.	Mississippi	MS	N								0	
26.	Missouri	MO	N								0	
27.	Montana	MT	N								0	
28.	Nebraska	NE	N								0	
29.	Nevada	NV	N								0	
30.	New Hampshire	NH	L								0	
31.	New Jersey	NJ	N								0	
32.	New Mexico	NM	N								0	
33.	New York	NY	N								0	
34.	North Carolina	NC	N								0	
35.	North Dakota	ND	N								0	
36.	Ohio	OH	N								0	
37.	Oklahoma	OK	N								0	
38.	Oregon	OR	N								0	
39.	Pennsylvania	PA	N								0	
40.	Rhode Island	RI	N								0	
41.	South Carolina	SC	N								0	
42.	South Dakota	SD	N								0	
43.	Tennessee	TN	N								0	
44.	Texas	TX	N								0	
45.	Utah	UT	N								0	
46.	Vermont	VT	N								0	
47.	Virginia	VA	N								0	
48.	Washington	WA	N								0	
49.	West Virginia	WV	N								0	
50.	Wisconsin	WI	N								0	
51.	Wyoming	WY	N								0	
52.	American Samoa	AS	N								0	
53.	Guam	GU	N								0	
54.	Puerto Rico	PR	N								0	
55.	U.S. Virgin Islands	VI	N								0	
56.	Northern Mariana Islands	MP	N								0	
57.	Canada	CAN	N								0	
58.	Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0	0	0
59.	Subtotal		XXX	255,908,641	0	0	0	0	0	0	255,908,641	0
60.	Reporting Entity Contributions for Employee Benefit Plans		XXX								0	
61.	Totals (Direct Business)		XXX	255,908,641	0	0	0	0	0	0	255,908,641	0
DETAILS OF WRITE-INS												
58001.			XXX									
58002.			XXX									
58003.			XXX									
58998.	Summary of remaining write-ins for Line 58 from overflow page		XXX	0	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX	0	0	0	0	0	0	0	0	0

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 2

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

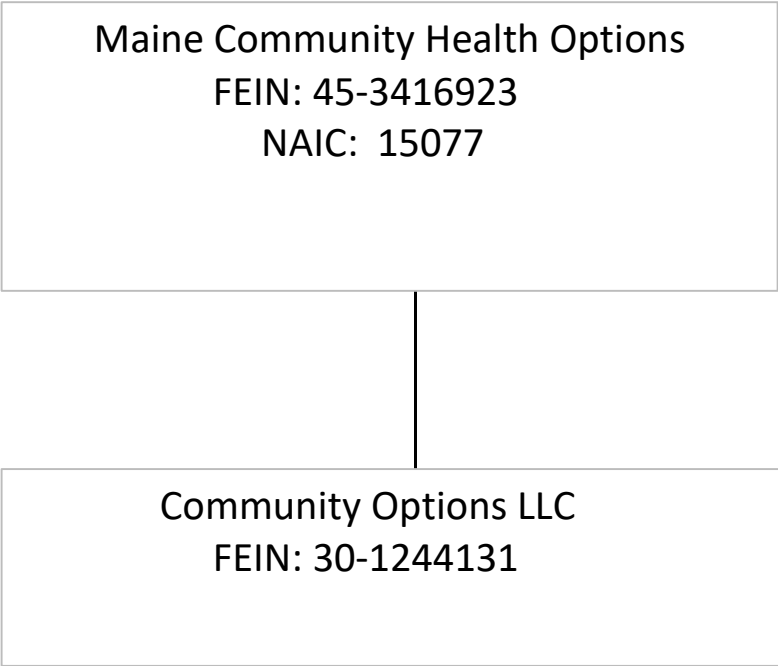
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. 0

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

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

(b) Explanation of basis of allocation by states, premiums by state, etc.

Allocation is based on the residency of the member or group



NONE