



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2024
OF THE CONDITION AND AFFAIRS OF THE

Martin's Point Generations Advantage, Inc.

NAIC Group Code00000000NAIC Company Code15850Employer's ID Number47-4682941
(Current)(Prior)

Organized under the Laws ofMaine, State of Domicile or Port of EntryME

Country of DomicileUnited States of America

Licensed as business type:Health Maintenance Organization

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

Incorporated/Organized07/31/2015Commenced Business01/01/2016

Statutory Home Office331 Veranda StreetPortland, ME, US 04103
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office331 Veranda StreetPortland, ME, US 04103207-774-5801
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail AddressPO Box 9746Portland, ME, US 04104-5040
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and RecordsPO Box 9746Portland, ME, US 04104-5040207-774-5801
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.martinspoint.org

Statutory Statement ContactTatiana Tsay207-774-5801
(Name)(Area Code) (Telephone Number)

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OFFICERS

PresidentPaul Francis Kasuba ,MDVice ChairBradford Adams Hunter #

ChairKathryn Jean Rand #Chief Financial OfficerAmanda LeAnna Jackson

OTHER

David Emery Currier, Secretary

Megan Connell Dockendorf, Chief Actuary Officer

DIRECTORS OR TRUSTEES

Paul Francis Kasuba ,MD	Kathryn Jean Rand #	Bradford Adams Hunter #
Edward Stewart McKersie	Barbara Elizabeth Tretheway ,JD	George John Isham ,MD
Cathleen Elizabeth Morrow ,MD	John Edward Fitzsimmons	Stephen Paul deCastro
Umesh Anantharam Kurpad #		

State ofMaine

County ofCumberlandSS

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.

Paul Francis Kasuba, MD
President & CEO

Amanda LeAnna Jackson
Chief Financial Officer

Subscribed and sworn to before me this
day of

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

Yes [X] No []

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	20,121,588		20,121,588	16,852,616
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	0
2.2 Common stocks	34,548,366		34,548,366	36,605,504
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 (\$ 27,170,128 , Schedule E - Part 1), cash equivalents (\$ 2,246,808 , Schedule E - Part 2) and short-term investments (\$ 199,464 , Schedule DA)	29,616,399		29,616,399	88,622,652
6. Contract loans, (including \$ premium notes)			0	0
7. Derivatives (Schedule DB)			0	0
8. Other invested assets (Schedule BA)			0	0
9. Receivables for securities	24,998		24,998	69,826
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)	84,311,350	0	84,311,350	142,150,599
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	110,262		110,262	85,483
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	545,259	482,165	63,094	128,508
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 (\$ 862,524) and contracts subject to redetermination (\$)	862,524		862,524	4,770,781
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans	16,674,049	451,632	16,222,417	8,468,378
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			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	85,704,471		85,704,471	1,634,293
24. Health care (\$ 30,192,829) and other amounts receivable	37,054,599	6,861,771	30,192,828	15,429,523
25. Aggregate write-ins for other-than-invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	225,262,514	7,795,568	217,466,946	172,667,565
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	225,262,514	7,795,568	217,466,946	172,667,565
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	0
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.			0	0
2502.			0	0
2503.			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)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$0 reinsurance ceded)	73,979,556		73,979,556	75,431,373
2. Accrued medical incentive pool and bonus amounts	2,007,690		2,007,690	2,995,515
3. Unpaid claims adjustment expenses.....	1,996,648		1,996,648	1,860,254
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act	43,151,901		43,151,901	9,235,452
5. Aggregate life policy reserves.....			0	0
6. Property/casualty unearned premium reserves.....			0	0
7. Aggregate health claim reserves.....			0	0
8. Premiums received in advance.....	2,235,681		2,235,681	776,313
9. General expenses due or accrued.....	971,649		971,649	2,197,261
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.....			0	0
12. Amounts withheld or retained for the account of others.....			0	0
13. Remittances and items not allocated.....			0	0
14. Borrowed money (including \$ 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.....	4,288,587		4,288,587	3,396,458
23. Aggregate write-ins for other liabilities (including \$ current).....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	128,631,712	0	128,631,712	95,892,626
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	321,600,000	230,100,000
29. Surplus notes.....	XXX	XXX	0	
30. Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	(232,764,766)	(153,325,061)
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	88,835,234	76,774,939
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	217,466,946	172,667,565
DETAILS OF WRITE-INS				
2301.			0	0
2302.			0	0
2303.			0	0
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)	0	0	0	0
2501.	XXX	XXX		0
2502.	XXX	XXX		0
2503.	XXX	XXX		0
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		0
3002.	XXX	XXX		0
3003.	XXX	XXX		0
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.....	887,204	849,928
2. Net premium income (including \$ non-health premium income)	XXX.....	736,966,567	653,632,892
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.....	736,966,567	653,632,892
Hospital and Medical:			
9. Hospital/medical benefits		589,203,465	571,001,004
10. Other professional services		0	
11. Outside referrals		8,889,943	
12. Emergency room and out-of-area		63,127,041	
13. Prescription drugs		73,018,424	58,010,708
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts	0	(7,764,129)	3,925,033
16. Subtotal (Lines 9 to 15)	0	726,474,744	632,936,745
Less:			
17. Net reinsurance recoveries		0	
18. Total hospital and medical (Lines 16 minus 17)	0	726,474,744	632,936,745
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$ 10,860,776 cost containment expenses		22,901,929	17,992,989
21. General administrative expenses		55,898,870	58,328,044
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		35,011,378	8,140,523
23. Total underwriting deductions (Lines 18 through 22).....	0	840,286,921	717,398,301
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX.....	(103,320,354)	(63,765,409)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		5,871,757	4,521,329
26. Net realized capital gains (losses) less capital gains tax of \$		2,658,721	242,497
27. Net investment gains (losses) (Lines 25 plus 26)	0	8,530,478	4,763,826
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			
29. Aggregate write-ins for other income or expenses	0	0	0
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.....	(94,789,876)	(59,001,583)
31. Federal and foreign income taxes incurred	XXX.....		
32. Net income (loss) (Lines 30 minus 31)	XXX	(94,789,876)	(59,001,583)
DETAILS OF WRITE-INS			
0601.	XXX.....		0
0602.	XXX.....		0
0603.	XXX.....		0
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.....		0
0702.	XXX.....		0
0703.	XXX.....		0
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.			0
1402.			0
1403.			0
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.			0
2902.			0
2903.			0
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	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	76,774,940	86,149,286
34. Net income or (loss) from Line 32	(94,789,876)	(59,001,583)
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	2,207,076	5,760,933
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax		
39. Change in nonadmitted assets	13,143,095	(1,133,696)
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	91,500,000	45,000,000
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)	12,060,295	(9,374,346)
49. Capital and surplus end of reporting period (Line 33 plus 48)	88,835,235	76,774,940
DETAILS OF WRITE-INS		
4701.		0
4702.		0
4703.		0
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

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	776,357,667	701,054,387
2. Net investment income	5,849,150	4,545,813
3. Miscellaneous income	12,711,504	(6,224,356)
4. Total (Lines 1 through 3)	794,918,321	699,375,844
5. Benefit and loss related payments	778,237,437	647,029,917
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	86,813,580	71,638,277
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)	865,051,017	718,668,194
11. Net cash from operations (Line 4 minus Line 10)	(70,132,695)	(19,292,349)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	3,183,260	24,205,064
12.2 Stocks	17,000,000	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	(3,946)	(22,563)
12.7 Miscellaneous proceeds	44,828	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	20,224,142	24,182,502
13. Cost of investments acquired (long-term only):		
13.1 Bonds	6,448,059	5,567
13.2 Stocks	10,079,463	698,132
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	40,005
13.7 Total investments acquired (Lines 13.1 to 13.6)	16,527,522	743,704
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)	3,696,619	23,438,798
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	91,500,000	45,000,000
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	(84,070,178)	(1,618,596)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	7,429,822	43,381,404
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)	(59,006,254)	47,527,853
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	88,622,652	41,094,799
19.2 End of year (Line 18 plus Line 19.1)	29,616,398	88,622,652

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

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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

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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				0
2.	Comprehensive (hospital and medical) group				0
3.	Medicare Supplement				0
4.	Vision only				0
5.	Dental only				0
6.	Federal Employees Health Benefits Plan	0			0
7.	Title XVIII - Medicare	736,966,567			736,966,567
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)	736,966,567	0	0	736,966,567
14.	Life	0			0
15.	Property/casualty	0			0
16.	Totals (Lines 13 to 15)	736,966,567	0	0	736,966,567

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Martin's Point Generations Advantage, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Payments during the year:														
1.1 Direct	735,690,690							735,690,690						
1.2 Reinsurance assumed	0													
1.3 Reinsurance ceded	0													
1.4 Net	735,690,690	0	0	0	0	0	0	735,690,690	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses	(6,776,304)							(6,776,304)						
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	73,979,557	0	0	0	0	0	0	73,979,557	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net	73,979,557	0	0	0	0	0	0	73,979,557	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	2,007,690							2,007,690						
6. Net health care receivables (a)	0													
7. Amounts recoverable from reinsurers December 31, current year	0													
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	75,431,373	0	0	0	0	0	0	75,431,373	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.4 Net	75,431,373	0	0	0	0	0	0	75,431,373	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	2,995,515							2,995,515						
11. Amounts recoverable from reinsurers December 31, prior year	0													
12. Incurred Benefits:														
12.1 Direct	734,238,874	0	0	0	0	0	0	734,238,874	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.4 Net	734,238,874	0	0	0	0	0	0	734,238,874	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	(7,764,129)	0	0	0	0	0	0	(7,764,129)	0	0	0	0	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Reported in Process of Adjustment:														
1.1 Direct	13,958,270							13,958,270						
1.2 Reinsurance assumed	0													
1.3 Reinsurance ceded	0													
1.4 Net	13,958,270	0	0	0	0	0	0	13,958,270	0	0	0	0	0	0
2. Incurred but Unreported:														
2.1 Direct	60,021,287							60,021,287						
2.2 Reinsurance assumed	0													
2.3 Reinsurance ceded	0													
2.4 Net	60,021,287	0	0	0	0	0	0	60,021,287	0	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct	0													
3.2 Reinsurance assumed	0													
3.3 Reinsurance ceded	0													
3.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. TOTALS:														
4.1 Direct	73,979,557	0	0	0	0	0	0	73,979,557	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	73,979,557	0	0	0	0	0	0	73,979,557	0	0	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred In Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical) individual					0	0
2. Comprehensive (hospital and medical) group					0	0
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	65,650,902	670,039,788	1,948,906	72,030,651	67,599,808	75,431,373
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)	65,650,902	670,039,788	1,948,906	72,030,651	67,599,808	75,431,373
14. Health care receivables (a)					0	0
15. Other non-health					0	0
16. Medical incentive pools and bonus amounts	3,853,008	(10,629,312)	0	2,007,690	3,853,008	2,995,515
17. Totals (Lines 13 - 14 + 15 + 16)	69,503,910	659,410,476	1,948,906	74,038,341	71,452,816	78,426,888

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

UNDERWRITING AND INVESTMENT EXHIBIT

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

Section A - Paid Health Claims - Title XVIII

Year in Which Losses Were Incurred			Cumulative Net Amounts Paid				
			1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior		30,936	31,170	31,170	31,170	31,169
2.	2020		383,731	430,811	429,668	429,668	429,668
3.	2021		XXX	466,014	524,651	524,309	524,309
4.	2022		XXX	XXX	518,934	581,437	581,682
5.	2023		XXX	XXX	XXX	572,658	638,422
6.	2024		XXX	XXX	XXX	XXX	661,552

Section B - Incurred Health Claims - Title XVIII

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	30,936	31,170	31,170	31,170	31,169
2.	2020	383,731	430,811	429,668	429,668	429,668
3.	2021	XXX	466,014	526,279	524,309	524,309
4.	2022	XXX	XXX	598,794	583,711	581,682
5.	2023	XXX	XXX	XXX	648,811	640,371
6.	2024	XXX	XXX	XXX	XXX	735,590

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

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	518,139	429,668	16,324	3.8	445,992	86.1			445,992	86.1
2.	2021	555,719	524,309	19,296	3.7	543,605	97.8			543,605	97.8
3.	2022	657,548	581,437	20,560	3.5	601,997	91.6			601,997	91.6
4.	2023	653,633	572,658	17,993	3.1	590,651	90.4	1,949	53	592,653	90.7
5.	2024	738,366	661,552	22,874	3.5	684,426	92.7	74,038	1,944	760,408	103.0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Martin's Point Generations Advantage, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

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

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	30,936	31,170	31,170	31,170	31,169
2.	2020	383,731	430,811	429,668	429,668	429,668
3.	2021	XXX	466,014	524,651	524,309	524,309
4.	2022	XXX	XXX	518,934	581,437	581,682
5.	2023	XXX	XXX	XXX	572,658	638,422
6.	2024	XXX	XXX	XXX	XXX	661,552

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	30,936	31,170	31,170	31,170	31,169
2.	2020	383,731	430,811	429,668	429,668	429,668
3.	2021	XXX	466,014	526,279	524,309	524,309
4.	2022	XXX	XXX	598,794	583,711	581,682
5.	2023	XXX	XXX	XXX	648,811	640,371
6.	2024	XXX	XXX	XXX	XXX	735,590

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2020	518,139	429,668	16,324	3.8	445,992	86.1	0	0	445,992	86.1
2. 2021	555,719	524,309	19,296	3.7	543,605	97.8	0	0	543,605	97.8
3. 2022	657,548	581,437	20,560	3.5	601,997	91.6	0	0	601,997	91.6
4. 2023	653,633	572,658	17,993	3.1	590,651	90.4	1,949	53	592,653	90.7
5. 2024	738,366	661,552	22,874	3.5	684,426	92.7	74,038	1,944	760,408	103.0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Martin's Point Generations Advantage, Inc.

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)	43,151,902							43,151,902					
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	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Totals (gross)	43,151,902	0	0	0	0	0	0	43,151,902	0	0	0	0	0
7. Reinsurance ceded	0												
8. Totals (Net)(Page 3, Line 4)	43,151,902	0	0	0	0	0	0	43,151,902	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.													
0502.													
0503.													
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	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 \$35,011,378 premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Martin's Point Generations Advantage, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES					
	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
			General Administrative Expenses	Investment Expenses	Total
1. Rent (\$ for occupancy of own building)					0
2. Salary, wages and other benefits	7,894,531	1,343,783	24,581,431		33,819,745
3. Commissions (less \$ ceded plus \$ assumed)			9,138,108		9,138,108
4. Legal fees and expenses			536,402		536,402
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services ...	145,854		2,719,683		2,865,537
7. Traveling expenses	29,288		55,509		84,797
8. Marketing and advertising	7,121		4,350,854		4,357,975
9. Postage, express and telephone	24,943	989	1,999,625		2,025,557
10. Printing and office supplies	23,160	782	79,710		103,652
11. Occupancy, depreciation and amortization			797,066		797,066
12. Equipment	129,116	771,708	4,578,969		5,479,793
13. Cost or depreciation of EDP equipment and software					0
14. Outsourced services including EDP, claims, and other services	2,162,825	9,849,063	5,434,134		17,446,022
15. Boards, bureaus and association fees					0
16. Insurance, except on real estate			182,019		182,019
17. Collection and bank service charges	14		199,340	274,829	474,183
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses					0
22. Real estate taxes					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					0
23.2 State premium taxes					0
23.3 Regulatory authority licenses and fees					0
23.4 Payroll taxes	443,924	74,828	1,246,020		1,764,772
23.5 Other (excluding federal income and real estate taxes)					0
24. Investment expenses not included elsewhere					0
25. Aggregate write-ins for expenses	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25)	10,860,776	12,041,153	55,898,870	274,829	(a) 79,075,628
27. Less expenses unpaid December 31, current year		1,996,648	971,649		2,968,297
28. Add expenses unpaid December 31, prior year		1,860,254	2,197,261		4,057,515
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)	10,860,776	11,904,759	57,124,482	274,829	80,164,846
DETAILS OF WRITE-INS					
2501.					
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	0	0	0

(a) Includes management fees of \$ 42,208,575 to affiliates and \$ 0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. government bonds	(a) .....31,223	46,161
1.1	Bonds exempt from U.S. tax	(a) .....	.....
1.2	Other bonds (unaffiliated)	(a) .....542,690	551,317
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)	660,125	660,125
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) .....4,932,585	4,888,983
7	Derivative instruments	(f) .....0	0
8.	Other invested assets	0	0
9.	Aggregate write-ins for investment income	0	0
10.	Total gross investment income	6,166,622	6,146,586
11.	Investment expenses		(g) .....274,829
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)		274,829
17.	Net investment income (Line 10 minus Line 16)		5,871,757
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 \$38,664 accrual of discount less \$40,836 amortization of premium and less \$16,581 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 \$5,062 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	(1,174)	0	(1,174)	0	0
1.1	Bonds exempt from U.S. tax .....	.....	.....	.....0	.....	.....
1.2	Other bonds (unaffiliated)	4,713	0	4,713	2,806	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)	2,655,182	0	2,655,182	2,208,216	0
2.21	Common stocks of affiliates	0	0	0	0	0
3.	Mortgage loans .....	.....	.....0	0	0	0
4.	Real estate .....	.....	.....0	0	0	0
5.	Contract loans	0	0	0	0	0
6.	Cash, cash equivalents and short-term investments	0	0	0	(3,946)	0
7.	Derivative instruments	0	0	0	0	0
8.	Other invested assets .....	.....	.....0	0	0	0
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	2,658,721	0	2,658,721	2,207,076	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

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			0
2. Stocks (Schedule D):			
2.1 Preferred stocks			0
2.2 Common stocks			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			0
3.2 Other than first liens			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			0
4.2 Properties held for the production of income			0
4.3 Properties held for sale			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)			0
6. Contract loans			0
7. Derivatives (Schedule DB)			0
8. Other invested assets (Schedule BA)			0
9. Receivables for securities			0
10. Securities lending reinvested collateral assets (Schedule DL)			0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)			0
14. Investment income due and accrued			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	482,165	523,777	41,612
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due ..			0
15.3 Accrued retrospective premiums and contracts subject to redetermination			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			0
16.2 Funds held by or deposited with reinsured companies			0
16.3 Other amounts receivable under reinsurance contracts			0
17. Amounts receivable relating to uninsured plans	451,632	389,979	(61,653)
18.1 Current federal and foreign income tax recoverable and interest thereon			0
18.2 Net deferred tax asset			0
19. Guaranty funds receivable or on deposit			0
20. Electronic data processing equipment and software			0
21. Furniture and equipment, including health care delivery assets			0
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	6,861,771	20,024,907	13,163,136
25. Aggregate write-ins for other-than-invested assets	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	7,795,568	20,938,663	13,143,095
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. Total (Lines 26 and 27)	7,795,568	20,938,663	13,143,095
DETAILS OF WRITE-INS			
1101.		0	0
1102.		0	0
1103.		0	0
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.		0	0
2502.		0	0
2503.		0	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)	0	0	0

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	11,641	13,236	13,512	13,744	14,202	162,787
2. Provider Service Organizations						
3. Preferred Provider Organizations	1,557	1,577	1,534	1,503	1,492	18,203
4. Point of Service	59,199	58,835	58,840	58,885	58,781	706,214
5. Indemnity Only						
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	72,397	73,648	73,886	74,132	74,475	887,204
DETAILS OF WRITE-INS						
0601.	0					
0602.	0					
0603.	0					
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

NOTE 1 Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices
The accompanying financial statements of Martin's Point Generations Advantage, Inc. (the "Company") have been prepared in conformity with the National Association of Insurance Commissioners ("NAIC") Annual Statement Instructions and in accordance with accounting practices prescribed or permitted by the NAIC Accounting Practices and Procedures Manual, subject to any deviations prescribed or permitted by the Maine Bureau of Insurance (the "Bureau"). There were no deviations from NAIC prescribed or permitted by the Bureau in 2023 or 2024.

A table reconciling income and surplus between the practices prescribed and permitted by the State of Maine and NAIC SAP basis for the current reporting period and the prior year-end is shown below:

	SSAP #	F/S Page	F/S Line #	2024	2023
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ (94,789,876)	\$ (59,001,583)
(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	\$ (94,789,876)	\$ (59,001,583)
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 88,835,234	\$ 76,774,939
(6) State Prescribed Practices that are an 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	\$ 88,835,234	\$ 76,774,939

B. Use of Estimates in the Preparation of the Financial Statements
The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy
Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred. Premiums paid by subscribers prior to the effective date are recorded on the balance sheet as advance premiums and subsequently credited to income as earned during the coverage period.

In addition, the Company uses the following accounting policies:

- 1.Short-term money market mutual funds are stated at market value and short-term bonds are stated at amortized cost.
- 2.Bonds are stated at amortized cost.
- 3.Common stocks are stated at market value.
- 4.The Company does not have any preferred stock.
- 5.The Company does not have any mortgage loans.
- 6.The Company's loan-backed securities are carried at amortized cost. The Company reports the adjustment methodology on an account basis as opposed to each individual security and accounts for all of the securities on a retrospective basis.
- 7.The Company does not have any investments in subsidiaries, controlled or affiliated companies.
- 8.The Company does not have investments in joint ventures, partnerships, or limited liability companies.
- 9.The Company does not have any derivative instruments.
- 10.The Company does not include anticipated investment income in calculating a premium deficiency.
- 11.The Company's reported unpaid claims are based on actuarial estimates. The claims adjustment expenses are estimated at approximately 2% of unpaid claims. Liabilities for unpaid claims and claims adjustment expense are based on assumptions and estimates and while management believes such estimates are reasonable, the ultimate liability may be in excess of or less than the amount provided.
- 12.The Company does not have any capital assets and therefore no capitalization policy.
- 13.Pharmaceutical rebates receivables consist of reasonably estimated amounts and billed amounts. Both the billed amount and the estimated amount shall be admitted assets subject to the following conditions: Estimated amounts shall be related solely to actual prescriptions filled during the 3 months immediately preceding the reporting date. Other rebates receivables are non-admitted.

D. Going Concern
Management has no significant doubts about the Company's ability to continue as a going concern.

NOTE 2 Accounting Changes and Corrections of Errors
None.

NOTE 3 Business Combinations and Goodwill
None.

- A. Statutory Purchase Method
None.
- B. Statutory Merger
None.
- C. Assumption Reinsurance
None.
- D. Impairment Loss
None.
- E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill
None.

NOTE 4 Discontinued Operations

NOTES TO FINANCIAL STATEMENTS

- None.
- B. Change in Plan of Sale of Discontinued Operation
None.
- C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal
None.
- D. Equity Interest Retained in the Discontinued Operation After Disposal
None.

NOTE 5 Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans
None.
- B. Debt Restructuring
None.
- C. Reverse Mortgages
None.
- D. Loan-Backed Securities

1.For fixed-rate agency mortgage-backed securities, the Company calculates prepayment speeds utilizing Mortgage Industry Advisory Corporation (MIAC) Mortgage Industry Medians (MIMs). MIMs are derived from a semi-monthly dealer-consensus survey of long-term prepayment projections. For other mortgage-backed, loan-backed, and structured securities, the Company utilizes prepayment assumptions from Moody's Analytics. Moody's applies a flat economic credit model and utilizes a vector of multiple monthly speeds as opposed to a single speed for more robust projections. In instances where Moody's projections are not available, the Company uses data from Reuters, which utilizes the median prepayment speed from contributors' models.

2. All securities with a recognized other-than-temporary impairment, disclosed in the aggregate, classified on the basis for the other-than-temporary impairment: The Company has no securities to report per the table below.

- (2) OTTI recognized 1st Quarter

a. Intent to sell

b. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis

c. Total 1st Quarter (a+b)

OTTI recognized 2nd Quarter

d. Intent to sell

e. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis

f. Total 2nd Quarter (d+e)

OTTI recognized 3rd Quarter

g. Intent to sell

h. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis

i. Total 3rd Quarter (g+h)

OTTI recognized 4th Quarter

j. Intent to sell

k. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis

l. Total 4th Quarter (j+k)

m. Annual Aggregate Total (c+f+i+l)

1 Amortized Cost Basis Before Other-than- Temporary Impairment	2 Other-than- Temporary Impairment Recognized in Loss	3 Fair Value 1 - 2
		\$ -
		\$ -
\$ -	\$ -	\$ -
		\$ -
		\$ -
\$ -	\$ -	\$ -
		\$ -
		\$ -
\$ -	\$ -	\$ -
		\$ -
		\$ -
\$ -	\$ -	\$ -
	\$ -	

(3)

1	2	3	4	5	6	7
CUSIP	Book/Adjusted Carrying Value Amortized Cost Before Current Period OTTI	Present Value of Projected Cash Flows	Recognized Other-Than- Temporary Impairment	Amortized Cost After Other-Than- Temporary Impairment	Fair Value at time of OTTI	Date of Financial Statement Where Reported
Total	XXX	XXX	\$ -	XXX	XXX	XXX

- (4)
- a) The aggregate amount of unrealized losses:

1. Less than 12 Months\$ 33,558

2. 12 Months or Longer\$ 566,922
- b)The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months\$ 2,378,493

2. 12 Months or Longer\$ 4,759,862

- (5) The Company considers the following general categories of information in reaching the conclusion that impairments are other-than-temporary:
- Performance of investments over a twelve-month period
- Volatility in the market
- Securities ratings
- Ability to hold to maturity

- E. Dollar Repurchase Agreements and/or Securities Lending Transactions
- (1) None.

NOTES TO FINANCIAL STATEMENTS

- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing
(1) None.
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing
(1) None.
- H. Repurchase Agreements Transactions Accounted for as a Sale
(1) None.
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale
(1) None.
- J. Real Estate
(1) None.
- K. Low Income Housing tax Credits (LIHTC)
(1) None.
- L. Restricted Assets

1. Restricted Assets (Including Pledged)

Restricted Asset Category	1 Total Gross (Admitted & Non- admitted) Restricted from Current Year	2 Total Gross (Admitted & Non- admitted) Restricted from Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Non- admitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Non- admitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown			\$ -		\$ -	0.000%	0.000%
b. Collateral held under security lending agreements			\$ -		\$ -	0.000%	0.000%
c. Subject to repurchase agreements			\$ -		\$ -	0.000%	0.000%
d. Subject to reverse repurchase agreements			\$ -		\$ -	0.000%	0.000%
e. Subject to dollar repurchase agreements			\$ -		\$ -	0.000%	0.000%
f. Subject to dollar reverse repurchase agreements			\$ -		\$ -	0.000%	0.000%
g. Placed under option contracts			\$ -		\$ -	0.000%	0.000%
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock			\$ -		\$ -	0.000%	0.000%
i. FHLB capital stock			\$ -		\$ -	0.000%	0.000%
j. On deposit with states	\$ 963,280	\$ 938,591	\$ 24,689		\$ 963,280	0.428%	0.443%
k. On deposit with other regulatory bodies			\$ -		\$ -	0.000%	0.000%
l. Pledged collateral to FHLB (including assets backing funding agreements)			\$ -		\$ -	0.000%	0.000%
m. Pledged as collateral not captured in other categories			\$ -		\$ -	0.000%	0.000%
n. Other restricted assets			\$ -		\$ -	0.000%	0.000%
o. Total Restricted Assets (Sum of a through n)	\$ 963,280	\$ 938,591	\$ 24,689	\$ -	\$ 963,280	0.428%	0.443%

(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 (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)
None.
3. Detail of Other Restricted Assets (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)
None.
4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements
None.

- M. Working Capital Finance Investments
None.
- N. Offsetting and Netting of Assets and Liabilities
None.
- O. 5GI Securities
None.
- P. Short Sales
None.
- Q. Prepayment Penalty and Acceleration Fees

	<u>General Account</u>
1. Number of CUSIPs	0
2. Aggregate Amount of Investment Income	\$ -

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

	Asset Type	Percent Share
(1)	Cash	91.7%
(2)	Cash Equivalents	7.6%

NOTES TO FINANCIAL STATEMENTS

(3) Short-Term Investments	0.7%
(4) Total (Must equal 100%)	100.0%

S. Aggregate Collateral Loans by Qualifying Investment Collateral

Collateral Type	Aggregate Collateral Loan*	Admitted	Nonadmitted
(1) Cash, Cash Equivalent & ST Investments			
a. Affiliated	\$ -		
b. Unaffiliated	\$ -		
(2) Bonds			
a. Affiliated	\$ -		
b. Unaffiliated	\$ -		
(3) Loan-Backed and Structured Securities			
a. Affiliated	\$ -		
b. Unaffiliated	\$ -		
(4) Preferred Stocks			
a. Affiliated	\$ -		
b. Unaffiliated	\$ -		
(5) Common Stocks			
a. Affiliated	\$ -		
b. Unaffiliated	\$ -		
(6) Real Estate			
a. Affiliated	\$ -		
b. Unaffiliated	\$ -		
(7) Mortgage Loans			
a. Affiliated	\$ -		
b. Unaffiliated	\$ -		
(8) Joint Ventures, Partnerships, LLC			
a. Affiliated	\$ -		
b. Unaffiliated	\$ -		
(9) Other Qualifying Investments			
a. Affiliated	\$ -		
b. Unaffiliated	\$ -		
(10) Collateral Does not Qualify as an Investment			
a. Affiliated	\$ -		
b. Unaffiliated	\$ -		
(11) Total	\$ -	\$ -	\$ -

* Aggregate Collateral Loan Total Line should equal Schedule BA, Part 1, Column 12, Book

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company has no investments in joint ventures, partnerships, or limited liability companies.
- B. The Company has no impaired investments in joint ventures, partnerships, or limited liability companies.

NOTE 7 Investment Income

- A. The bases, by category of investment, income, for excluding (nonadmitting) any investment income due and accrued. None.
- B. The total amount excluded. None.
- C. The gross, nonadmitted and admitted amounts for interest income due and accrued.

Interest Income Due and Accrued	Amount
1. Gross	\$ 110,262
2. Nonadmitted	
3. Admitted	\$ 110,262

D. The aggregate deferred interest.

Aggregate Deferred Interest	Amount
	\$ -

E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance.

Cumulative amounts of PIK interest included in the current principal balance	Amount
	\$ -

NOTE 8 Derivative Instruments

- A. Derivatives under SSAP No. 86—Derivatives
None.

NOTE 9 Income Taxes

The Company is not subject to Federal Income taxes.

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

A.Nature of the relationship involved

The Company is a wholly owned subsidiary of Martin's Point Health Care, Inc. (MPHC).

NOTES TO FINANCIAL STATEMENTS

B&C. Description of the transactions involved, and the dollar amounts of transactions

The Company recorded \$91,500,000 and \$45,000,000 of contributed surplus from MPHC in 2024 and 2023 respectively.

The Company has an arrangement with MPHC to pay MPHC's delivery system for covered services. The payments consist of fee-for-service payments minus any applicable coinsurance, copayments, deductibles, and contractual adjustments. Under this arrangement, the Company paid MPHC \$3,409,857 and \$3,448,250 in 2024 and 2023, respectively.

The Company has incentive, risk sharing, and other arrangements with MPHC with respect to members who receive primary care from providers employed by MPHC. Under these arrangements, the Company makes payments to MPHC as follows:

Cost of Care Risk Share Arrangement: The Company and MPHC accept joint responsibility for managing the total cost of care for members who receive primary care through MPHC's delivery system. In recognition of this joint responsibility, the parties agree to participate in a cost of care risk share arrangement. The Company makes payments to MPHC when medical loss ratio results are less than targets. Under this arrangement, the Company paid MPHC \$507,599 and \$0 for 2024 and 2023, respectively. The Company receives payments from MPHC when medical loss ratio results are greater than targets. Under this arrangement, the Company received \$0 and \$507,599 from MPHC for 2024 and 2023, respectively.

Capitation: The Company and MPHC entered into a payment agreement whereby the Company agrees to make payments to MPHC based on capitation. The Company paid MPHC \$5,806,401 and \$6,154,565 for 2024 and 2023, respectively.

Comprehensive Visit Form Payments: The Company and MPHC entered into a payment agreement whereby the Company agrees to make payments to MPHC based on their submission of claims forms documenting qualifying comprehensive exams provided to members. The Company paid MPHC \$523,202 and \$462,798 for 2024 and 2023, respectively.

Quality and Population Based Incentives: The Company and MPHC entered into a payment agreement whereby the Company agrees to make payments based on MPHC's performance against pre-determined quality metrics. The Company paid MPHC \$759,986 and \$782,267 for 2024 and 2023, respectively.

D. Amounts Due to or from Related Parties

At December 31, 2024, the Company reported a net of \$85,704,471 due from MPHC for amounts applicable to 2024.

E. Guarantees or Contingencies for Related Parties

Effective November 23, 2015, MPHC, the Guarantor, and the Company, the Primary Obligor, entered into an Unconditional Financial Guaranty with the Maine Bureau of Insurance to secure the Superintendent's conditional approval and licensing of the Primary Obligor to enter into the insurance business in the State of Maine. The Guarantor absolutely and unconditionally guarantees to the Superintendent and the Superintendent's successors and assigns, that if the Primary Obligor at any time fails to maintain capital and surplus at a level no less than the greater of the product of its authorized control level risk-based capital and 3.0 or the minimum requirements for capital and surplus, the Guarantor shall automatically pay such sums or deposits to the Primary Obligor as are necessary to establish and maintain capital and surplus at a level no less than the greater of the product of its authorized control level risk-based capital and 3.0 or the minimum requirements for capital and surplus.

F.Management, Service Contracts, Cost Sharing Arrangements

The Company purchases certain marketing, administrative, managerial, and other services required by the Company under a Management Services Agreement with MPHC. Management fees charged to the operations for the period ended December 31, 2024 and December 31, 2023 were \$42,208,575 and \$37,625,921, respectively

G.Nature of Relationships that Could Affect Operations: None.

H.Amount Deducted for Investment in Upstream Company: None.

I.Detail of Investments in Affiliates Greater than 10% of Admitted Assets: None.

J.Write-down for Impairments of Investments in Subsidiary, Controlled or Affiliated Companies: None.

K.Investment in Foreign Insurance: None.

L.Investment in Downstream Noninsurance Holding Company: None.

M. All SCA Investments
None.

N. Investment in Insurance SCAs

(1) None.

O. SCA or SSAP 48 Entity Loss Tracking
None.

NOTE 11 Debt

- A. Debt including Capital Notes: None
- B. FHLB (Federal Home Loan Bank) Agreements
None.

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

- A. Defined Benefit Plan
None.
- B. Investment Policies and Strategies: None.
- C. The fair value of each class of plan assets
None.
- D. Basis used to determine the long-term rate-of-return: None.
- E. Defined Contribution Plan

NOTES TO FINANCIAL STATEMENTS

- None.
- F. Multiemployer Plans
None.
- G. Consolidated/Holding Company Plans
None.
- H. Postemployment Benefits and Compensated Absences
None.
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)
None.

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

- A. The Company has no capital stock.
- B. The Company has no preferred stock.
- C. The Company has no dividend restrictions.
- D. The Company does not pay dividends.
- E. No portion of the entity's profits may be paid as ordinary dividends.
- F. The Company has no unassigned surplus funds
- G. The Company has no advances to surplus.
- H. The Company has no shares of stock held for special purposes.
- I. The Company has no special surplus funds, changes in the balances of special purpose funds are not applicable.
- J. The Company has no surplus adjustments due to cumulative unrealized losses.
- K. The Company has not issued any surplus notes or debentures or similar obligations.
- L. The Company had no restatements due to prior quasi-reorganizations.
- M. The Company has not been involved in any quasi-reorganizations during the past 10 years

NOTE 14 Liabilities, Contingencies and Assessments

- A. Contingent Commitments
None.

- B. Assessments

The Company is subject to a guaranty fund administered by the State of Maine. Guaranty fund assessments are accrued at the time of insolvencies. The Company is not currently aware of any impending solvency issues.

- C. Gain Contingencies
None.
- D. Claims related extra contractual obligations and bad faith losses stemming from lawsuits
None.
- E. Joint and Several Liabilities
None.
- F. All Other Contingencies
None.

NOTE 15 Leases

- A. Lessee Operating Lease:
None.
- B. Lessor Leases
None.

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

None.

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

- A. Transfers of Receivables Reported as Sales
None.
- B. Transfer and Servicing of Financial Assets
None.
- C. Wash Sales
None.

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

- A. ASO Plans: None
- B. ASC Plans: None
- C. Medicare or Similarly Structured Cost Based Reimbursement Contract

NOTES TO FINANCIAL STATEMENTS

- (1) Revenue from the Company's Medicare (or similarly structured cost based reimbursement contract) contract as of December 31, 2024, was \$736,966,567.
- (2) As of December 31, 2024, the Company has recorded receivables from the following payors whose account balances are greater than 10% of the Company's amounts receivable from uninsured accident and health plans or \$10,000:
- Centers for Medicare and Medicaid Services \$8,708,867.
- (3) In connection with the Company's Medicare (or similarly structured cost based reimbursement contract) contract, the Company has recorded allowances and reserves for adjustment of recorded revenues as and if applicable.
- (4) CMS periodically perform audits of Medicare revenue and may seek return of premium payments made to the Company if risk adjustment factors are not properly supported by medical record data. The Company estimates and records reserves for CMS audits based on information available at the time the estimates are made. Although the Company believes it maintains appropriate reserves for its exposure to the CMS audits, actual results could differ materially from those estimates.

NOTE 19 Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
None.

NOTE 20 Fair Value Measurements
A.

(1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Common Stocks	\$ 34,548,366				\$ 34,548,366
Total assets at fair value/NAV	\$ 34,548,366	\$ -	\$ -	\$ -	\$ 34,548,366

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
b. Liabilities at fair value					
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -	\$ -

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

Description	Beginning Balance at 01/01/2024	Transfers into Level 3	Transfers out of Level 3	Total gains and (losses) included in Net Income	Total gains and (losses) included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2024
a. Assets										
Total Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Description	Beginning Balance at 01/01/2024	Transfers into Level 3	Transfers out of Level 3	Total gains and (losses) included in Net Income	Total gains and (losses) included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2024
b. Liabilities										
Total Liabilities	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

C. Aggregate fair value for all financial instruments and the level within the fair value hierarchy in which the fair value measurements in their entirety fall.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 19,068,264	\$ 20,121,588	\$ 18,948,941	\$ 119,323			
Common Stocks	\$ 34,548,366	\$ 34,548,366	\$ 34,548,366				

NOTE 21 Other Items

- A. Unusual or Infrequent Items
None.
- B. Troubled Debt Restructuring: Debtors
None.
- C. Other Disclosures
In 2024, the Company had an agreement where periodic payments based on percent of premium for a period were reported as capitation.
- D. Business Interruption Insurance Recoveries
None.
- E. State Transferable and Non-transferable Tax Credits
None.
- F. Subprime Mortgage Related Risk Exposure
None.
- G. Retained Assets
None.
- H. Insurance-Linked Securities (ILS) Contracts
None.

NOTES TO FINANCIAL STATEMENTS

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
None.

NOTE 22 Events Subsequent

Type I – Recognized Subsequent Events:
Subsequent events have been considered through February 15, 2025 for the statutory statements issued on March 1, 2025.

Type II – Nonrecognized Subsequent Events:
None.

NOTE 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, a beneficiary, a creditor or an insured 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 reinsured 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?

None.

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?

None.

B. Uncollectible Reinsurance
None.

C. Commutation of Reinsurance Reflected in Income and Expenses.
None.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation
None.

E. Reinsurance Credit
None.

NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Through annual contracts with CMS, the Company's Medicare Advantage revenues ultimately received for each member are based on that member's health status and demographic characteristics, as determined via the CMS risk adjustment process, under which the Company regularly submits risk adjustment data to CMS. Under the risk adjustment process, the Company records a receivable for future revenues that it expects to receive from CMS in the following year, after the final reconciliation of risk adjustment data for the current contract year is complete. These amounts are recognized in the current year as premiums under contracts subject to redetermination. In addition, the Company's Medicare Advantage contracts are subject to retrospective rating provisions under which the Company and CMS share amounts above and below agreed-upon target medical benefit ratios.

B. Accrued retrospective premiums are recorded as an adjustment to earned premiums and are estimated based on calulations that compare the Company's expected financial results for the contract against the appropriate medical benefit ratio target.

C. The Company had net premiums written of \$736,966,567 that were subject to retrospective rating features for the year ending December 31, 2024 representing 100% of total net premiums written.

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	\$ -	\$ -	\$ -	\$ -	\$ -
(2) Medical loss ratio rebates paid	\$ -	\$ -	\$ -	\$ -	\$ -
(3) Medical loss ratio rebates unpaid	\$ 1,094,929	\$ -	\$ -	\$ -	\$ 1,094,929
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ 1,094,929
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$ (1,094,929)	\$ -	\$ -	\$ -	\$ (1,094,929)
(8) Medical loss ratio rebates paid	\$ -	\$ -	\$ -	\$ -	\$ -
(9) Medical loss ratio rebates unpaid	\$ -	\$ -	\$ -	\$ -	\$ -

NOTES TO FINANCIAL STATEMENTS

(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ -

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 [] No [X]

(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 pool payments)

Liabilities

2. Risk adjustment user fees payable for ACA Risk Adjustment

3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)

Operations (Revenue & Expense)

4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment

5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)

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

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	Payable	Receivable	Payable	Receivable	Payable	Receivable	Payable	Ref	Receivable	Payable
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk pool payments)					\$ -	\$ -			A	\$ -	\$ -
2. Premium adjustments (payable) (including high risk pool premium)					\$ -	\$ -			B	\$ -	\$ -
3. Total ACA Permanent Risk Adjustment Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -

Explanations of Adjustments

A.

B.

NOTE 25 Change in Incurred Claims and Claim Adjustment Expenses

A. Reserves as of December 31, 2023 were \$76,278,780. As of December 31, 2024, \$66,469,828 has been paid for incurred claims and claim adjustment expenses attributable to insured events of the prior year. Of the remaining \$9,808,952, reserves for prior years amount to \$1,970,800 as a result of re-estimation of unpaid claims and claim adjustment expenses, favorable prior-year development is \$4,002,629, and provision for adverse deviation \$3,835,523. The favorable development is generally the result of ongoing analysis of recent development trends. Estimates are increased or decreased as additional information becomes known regarding individual claims.

B. Significant changes in methodologies and assumptions used in calculating the liability: None.

NOTE 26 Intercompany Pooling Arrangements

None.

NOTE 27 Structured Settlements

None.

NOTE 28 Health Care Receivables

A. Pharmaceutical Rebate Receivables

Pharmaceutical rebates receivables consist of reasonably estimated amounts and billed amounts. Both the billed amount and the estimated amount shall be admitted assets subject to the following conditions: Estimated amounts shall be related solely to actual prescriptions filled during the 3 months immediately preceding the reporting date. Other rebates receivables are non-admitted.

B. Risk-Sharing Receivables

The Company participates in risk sharing arrangements with area health care provider systems. In determining appropriate receivables or liabilities for these arrangements, the valuation process reflects actual experience during the performance period for each contract. Where actual experience is not yet complete, experienced actuarial modeling and judgement, consistent with the Company's methods employed for IBNP and Accrued Retrospective Premiums, are applied to reflect the most likely performance of each risk sharing contract. Reserves are applied to estimated risk sharing receivables as provisions for actual experience.

Estimated balance of risk sharing receivables as reported on the prior year financial statements for evaluation periods ending in the current year: None

Estimated balance of risk sharing receivables as reported on the current year financial statements for evaluation periods ending in the current year and the following year: None

Risk sharing receivables billed as determined after the annual evaluation period: None.

Risk sharing receivables not yet billed: None.

Amounts received from providers as payments under risk sharing contracts: None.

NOTE 29 Participating Policies

None.

NOTE 30 Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves \$ 43,151,902

NOTES TO FINANCIAL STATEMENTS

2. Date of the most recent evaluation of this liability

01/24/2025
3. Was anticipated investment income utilized in the calculation?

Yes ☐ No ☒

NOTE 31 Anticipated Salvage and Subrogation

The Company does not take into account an estimate of anticipated salvage or subrogation in its determination of its liability for unpaid claims.

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 ☒ 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 ☐ 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 ☒

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 ☒

2.2

If yes, date of change:

3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2022

3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2022

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).

07/24/2024

3.4

By what department or departments?
Bureau of Insurance of the State of Maine

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 ☒

3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☒ No ☐ N/A ☐

4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business?
4.12 renewals?

Yes ☐ No ☒
Yes ☐ No ☒

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 ☒
Yes ☐ No ☒

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 ☒

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 ☒

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 ☒

7.2

If yes,
7.21 State the percentage of foreign control
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

- 8.1

Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board?

Yes [] No [X]
- 8.2

If the response to 8.1 is yes, please identify the name of the DIHC.
.....
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [] No [X]
- 8.4

If response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....					

- 8.5

Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company?

Yes [] No [X]
- 8.6

If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule?

Yes [] No [X] N/A []
9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Baker Newman & Noyes 280 Fore Street Portland, ME 04112-0507
- 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?
Megan Dockendorf, Chief Actuary and Senior VP Finance, Martin's Point Health Care 331 Veranda Street, Portland, ME 04103
- 12.1

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

Yes [] No [X]
- 12.11

Name of real estate holding company ...
- 12.12

Number of parcels involved
- 12.13

Total book/adjusted carrying value

\$
- 12.2

If yes, provide explanation
.....
13.

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

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

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

Yes [] No []
- 13.3

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

Yes [] No []
- 13.4

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

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

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

Yes [X] No []
- a.

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

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

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

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

Accountability for adherence to the code.
- 14.11

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

Has the code of ethics for senior managers been amended?

Yes [] No [X]
- 14.21

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

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

Yes [] No [X]
- 14.31

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

GENERAL INTERROGATORIES

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

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

BOARD OF DIRECTORS

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

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?
- 22.2 If answer is yes:
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days?
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.
- Yes [] No [X]
- 20.11 To directors or other officers
- 20.12 To stockholders not officers
- 20.13 Trustees, supreme or grand (Fraternal Only)
- 20.21 To directors or other officers
- 20.22 To stockholders not officers
- 20.23 Trustees, supreme or grand (Fraternal Only)
- 21.21 Rented from others
- 21.22 Borrowed from others
- 21.23 Leased from others
- 21.24 Other
- 22.21 Amount paid as losses or risk adjustment
- 22.22 Amount paid as expenses
- 22.23 Other amounts paid
- \$
- \$
- \$
- \$
- \$
- \$
- \$
- \$
- \$
- \$
- 85,704,471
- Yes [] No [X]

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

INVESTMENT

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Martin's Point Generations Advantage, Inc.

GENERAL INTERROGATORIES

25.02

If no, give full and complete information, relating thereto
They are held under a Custody Agreement with US Bank NA as noted in 29.01 below

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

☒

25.07

Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?

Yes

☐

No

☐

N/A

☒

25.08

Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending?

Yes

☐

No

☐

N/A

☒

25.09

For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:

25.091

Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$

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

☒

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

\$

963,280

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

☒

27.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement.

Yes

☐

No

☐

N/A

☐

LINES 27.3 through 27.5:

FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

27.3

Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity?

Yes

☐

No

☒

27.4

If the response to 27.3 is YES, does the reporting entity utilize:

27.41

Special accounting provision of SSAP No. 108

Yes

☐

No

☐

27.42

Permitted accounting practice

Yes

☐

No

☐

27.43

Other accounting guidance

Yes

☐

No

☐

27.5

By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:

Yes

☐

No

☐

The reporting entity has obtained explicit approval from the domiciliary state.

Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.

Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.

Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

28.1

Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes

☐

No

☒

28.2

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

\$

29.

Excluding items in Schedule E, Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes

☒

No

☐

29.01

For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
US Bank NA	50S 16th Street 20th Fl, Philadelphia, PA 19102

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Martin's Point Generations Advantage, Inc.

GENERAL INTERROGATORIES

29.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	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	2	3	4
Old Custodian	New Custodian	Date of Change	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	2
Name of Firm or Individual	Affiliation
Asset Allocation and Management Co. LLC	U.....

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

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

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

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
109875	Asset Allocation and Management Co. LLC	None	SEC	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	2	3
CUSIP #	Name of Mutual Fund	Book/Adjusted Carrying Value
30.2999 - Total		0

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

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Martin's Point Generations Advantage, Inc.

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	20,121,588	19,068,264	(1,053,324)
31.2 Preferred stocks	0		0
31.3 Totals	20,121,588	19,068,264	(1,053,324)

- 31.4 Describe the sources or methods utilized in determining the fair values:
Rate is determined by a custodian, US Bank
- 32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]
- 32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []
- 32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
- 33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []
- 33.2 If no, list exceptions:
34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:
a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
b. Issuer or obligor is current on all contracted interest and principal payments.
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
Has the reporting entity self-designated 5GI securities? Yes [] No [X]
35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:
a. The security was either:
i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.
Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual? Yes [] No [X]
36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
a. The shares were purchased prior to January 1, 2019.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
d. The fund only or predominantly holds bonds in its portfolio.
e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]
37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:
a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.
Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [] No [] N/A [X]

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Martin's Point Generations Advantage, Inc.

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?\$ 37,170
- 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.
- 41.1 Amount of payments for legal expenses, if any?\$ 448,871
- 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
US FAMILY HEALTH PLAN ALLIANCE	167,961
MINTZ LEVIN COHN FERRIS	128,203

- 42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any?\$0
- 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

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

.....736,966,567.....653,632,892

2.2

Premium Denominator

.....736,966,567.....653,632,892

2.3

Premium Ratio (2.1/2.2)

.....1.000.....1.000

2.4

Reserve Numerator

.....119,139,149.....87,662,340

2.5

Reserve Denominator

.....119,139,148.....87,662,340

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 [X]

5.1

Does the reporting entity have stop-loss reinsurance?

Yes [] No [X]

5.2

If no, explain:
The company self-insures

.....

5.3

Maximum retained risk (see instructions)

5.31

Comprehensive Medical

\$

5.32

Medical Only

\$

5.33

Medicare Supplement

\$

5.34

Dental & Vision

\$

5.35

Other Limited Benefit Plan

\$

5.36

Other

\$

6.

Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

.....

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

.....28,541

8.2

Number of providers at end of reporting year

.....30,384

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

\$.....

28

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE Martin's Point Generations Advantage, Inc.

GENERAL INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [X] No []
- 10.2 If yes:

10.21 Maximum amount payable bonuses.....\$ 11,457,994

10.22 Amount actually paid for year bonuses.....\$ 1,695,068

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

10.24 Amount actually paid for year withholds.....\$
- 11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, Yes [] No [X]

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

11.14 A Mixed Model (combination of above)? Yes [] No [X]
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No []
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. Maine and New Hampshire
- 11.4 If yes, show the amount required. \$ 88,092,114
- 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
The Statutory Minimum Capital and Surplus is calculated at 3 times the Authorized Control Level as defined by RBC.
12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
State of Maine
State of New Hampshire
State of Vermont
.....

- 13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$
- 13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 13.4 If yes, please provide the balance of funds administered as of the reporting date. \$
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [X] N/A []
- 14.2 If the answer to 14.1 is yes, please provide the following:

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

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

15.1 Direct Premium Written \$

15.2 Total Incurred Claims\$

15.3 Number of Covered Lives

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

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [X] 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 []

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)	217,466,946	172,667,565	195,190,287	185,229,637	188,070,093
2. Total liabilities (Page 3, Line 24)	128,631,712	95,892,626	109,041,001	106,464,878	78,885,898
3. Statutory minimum capital and surplus requirement	88,092,114	75,172,068	84,368,553	76,444,989	62,897,692
4. Total capital and surplus (Page 3, Line 33)	88,835,234	76,774,939	86,149,288	78,764,759	109,184,194
Income Statement (Page 4)					
5. Total revenues (Line 8)	736,966,567	653,632,892	657,548,288	555,718,725	518,138,573
6. Total medical and hospital expenses (Line 18)	726,474,744	632,936,745	590,418,317	528,584,114	430,385,313
7. Claims adjustment expenses (Line 20)	22,901,929	17,992,989	20,560,092	19,295,335	16,323,741
8. Total administrative expenses (Line 21)	55,898,870	58,328,044	50,925,765	41,639,714	37,162,761
9. Net underwriting gain (loss) (Line 24)	(103,320,354)	(63,765,409)	1,342,794	(39,499,118)	49,322,075
10. Net investment gain (loss) (Line 27)	8,530,478	4,763,826	1,128,145	12,882,144	1,471,195
11. Total other income (Lines 28 plus 29)	0	0	(20,000,000)	0	0
12. Net income or (loss) (Line 32)	(94,789,876)	(59,001,583)	(17,529,061)	(26,616,974)	50,793,270
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(70,132,695)	(19,292,349)	(27,747,541)	(34,955,969)	49,096,080
Risk-Based Capital Analysis					
14. Total adjusted capital	88,835,235	76,774,939	86,149,288	78,764,759	109,184,194
15. Authorized control level risk-based capital	29,364,038	25,057,356	28,134,752	25,481,663	20,965,897
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	74,475	72,397	68,219	61,498	56,044
17. Total members months (Column 6, Line 7)	887,204	849,928	789,627	711,561	657,491
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)	98.6	96.8	89.8	95.1	83.1
20. Cost containment expenses	1.5	1.6	1.5	1.8	1.7
21. Other claims adjustment expenses	1.6	1.1	1.7	1.7	1.5
22. Total underwriting deductions (Line 23)	114.0	109.8	99.8	107.1	90.5
23. Total underwriting gain (loss) (Line 24)	(14.0)	(9.8)	0.2	(7.1)	9.5
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	71,452,816	64,315,180	59,716,219	48,386,650	30,987,258
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)]	78,426,888	81,487,558	68,091,507	53,743,287	38,024,010
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)				0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)				0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.					

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

Yes [] No []

If no, please explain:

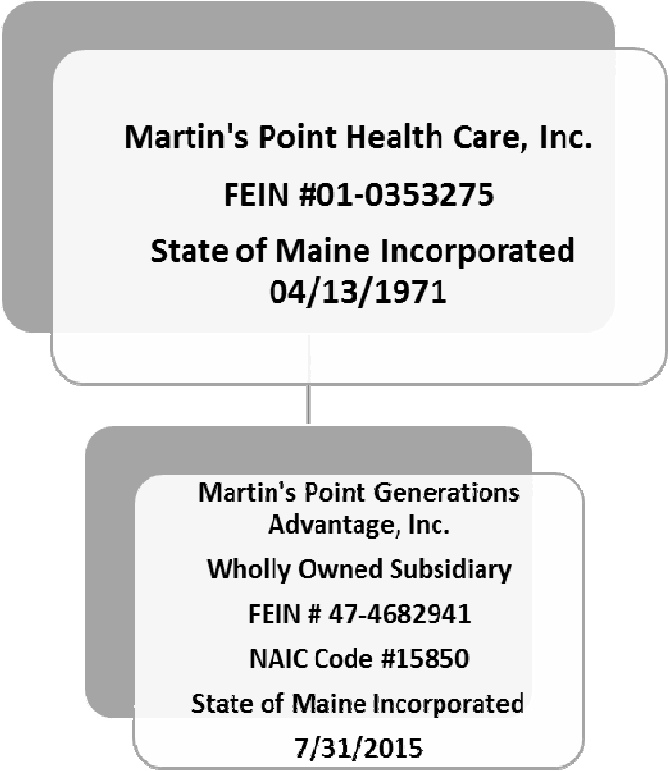
SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories												
			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		630,342,352						630,342,352	
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		106,624,214						106,624,214	
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		0	736,966,567	0	0	0	0	0	736,966,567	0
60.	Reporting Entity Contributions for Employee Benefit Plans	XXX									0	
61.	Totals (Direct Business)	XXX		0	736,966,567	0	0	0	0	0	736,966,567	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.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



NONE