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HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2020
OF THE CONDITION AND AFFAIRS OF THE

Martin's Point Generations Advantage, Inc.

NAIC Group Code 0000 (Current) 0000 (Prior) NAIC Company Code 15850 Employer's ID Number 47-4682941

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

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

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

Incorporated/Organized 07/31/2015 Commenced Business 01/01/2016

Statutory Home Office 331 Veranda Street (Street and Number), Portland, ME, US 04103 (City or Town, State, Country and Zip Code)

Main Administrative Office 331 Veranda Street (Street and Number)
Portland, ME, US 04103 (City or Town, State, Country and Zip Code), 207-774-5801 (Area Code) (Telephone Number)

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

Primary Location of Books and Records 27 Northport Drive (Street and Number)
Portland, ME, US 04103 (City or Town, State, Country and Zip Code), 207-774-5801 (Area Code) (Telephone Number)

Internet Website Address www.martinspoint.org

Statutory Statement Contact Warren McKean Evans (Name), 207-774-5801 (Area Code) (Telephone Number)
warren.evans@martinspoint.org (E-mail Address), 207-253-6227 (FAX Number)

OFFICERS

President	David Hermon Howes MD	Secretary	David Emery Currier
Treasurer	Edward Stewart McKersie	Chair	Barbara Elizabeth Tretheway

OTHER

Amanda LeAnna Jackson, Chief Financial Officer
Daniel Philip McCormack, Chief Operating Officer

DIRECTORS OR TRUSTEES

Barbara Elizabeth Tretheway JD, Chair	George John Isham MD, Vice Chair	Edward Stewart Mckersie , Treasurer
David Hermon Howes MD, President	Cathleen Elizabeth Morrow MD	Ronald Fitzjohn Dixon MD
Kathryn Jean Rand	Bradford Adams Hunter	Paul Francis Kasuba MD
Robert Adair Moore		

State of _____
County of _____ SS:

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

David Hermon Howes MD President & CEO	Amanda LeAnna Jackson Chief Financial Officer	Daniel Philip McCormack Chief Operating Officer

Subscribed and sworn to before me this
_____ day of _____

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

ASSETS

		Current Year 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	Prior Year 4 Net Admitted Assets
1.	Bonds (Schedule D)	74,251,300		74,251,300	41,521,237
2.	Stocks (Schedule D):				
	2.1 Preferred stocks			0	0
	2.2 Common stocks	23,309,062		23,309,062	19,774,096
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 ($ 34,685,540 , Schedule E - Part 1), cash equivalents ($ 4,448,506 , Schedule E - Part 2) and short-term investments ($ 16,641,293 , Schedule DA)	55,775,338		55,775,338	35,518,396
6.	Contract loans, (including $ ..... premium notes)			0	0
7.	Derivatives (Schedule DB)			0	0
8.	Other invested assets (Schedule BA)			0	0
9.	Receivables for securities			0	0
10.	Securities lending reinvested collateral assets (Schedule DL)			0	0
11.	Aggregate write-ins for invested assets	0	0	0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)	153,335,700	0	153,335,700	96,813,728
13.	Title plants less $ ..... charged off (for Title insurers only)			0	0
14.	Investment income due and accrued	344,290		344,290	222,244
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	496,241	365,760	130,481	707,549
	15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including $ ..... earned but unbilled premiums)			0	0
	15.3 Accrued retrospective premiums ($ .....) and contracts subject to redetermination ($ .....)	31,674,978		31,674,978	28,415,985
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	4,769,773	3,472,603	1,297,170	42,807
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			0	0
24.	Health care ($ 0) and other amounts receivable	15,853,325	14,565,851	1,287,474	0
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)	206,474,307	18,404,214	188,070,093	126,202,313
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28.	Total (Lines 26 and 27)	206,474,307	18,404,214	188,070,093	126,202,313
	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 thru 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 thru 2503 plus 2598)(Line 25 above)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year 1 Covered	Current Year 2 Uncovered	Current Year 3 Total	Prior Year 4 Total
1. Claims unpaid (less $ 0 reinsurance ceded)	45,682,041		45,682,041	36,835,504
2. Accrued medical incentive pool and bonus amounts	8,061,246		8,061,246	1,188,507
3. Unpaid claims adjustment expenses	1,199,253		1,199,253	614,549
4. Aggregate health policy reserves, including the liability of $ 0 for medical loss ratio rebate per the Public Health Service Act			0	17,451,574
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	515,442		515,442	391,322
9. General expenses due or accrued	2,133,207		2,133,207	166,281
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	11,688,674		11,688,674	7,131,585
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	1,227,556		1,227,556	4,682,408
23. Aggregate write-ins for other liabilities (including $ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	70,507,419	0	70,507,419	68,461,730
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	150,100,000	150,100,000
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	(32,537,326)	(92,359,417)
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	117,562,674	57,740,583
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	188,070,093	126,202,313
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 thru 2303 plus 2398)(Line 23 above)	0	0	0	0
2501. Federal Affordable Care Act Assessment	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 thru 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 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

		Current Year 1 Uncovered	Current Year 2 Total	Prior Year 3 Total
1.	Member Months	XXX	657,491	591,186
2.	Net premium income (including $ non-health premium income)	XXX	526,517,053	455,977,129
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	526,517,053	455,977,129
	Hospital and Medical:			
9.	Hospital/medical benefits		367,821,014	365,147,406
10.	Other professional services		0	
11.	Outside referrals		0	
12.	Emergency room and out-of-area		0	
13.	Prescription drugs		50,754,818	38,159,818
14.	Aggregate write-ins for other hospital and medical	0	0	0
15.	Incentive pool, withhold adjustments and bonus amounts		11,809,481	3,641,534
16.	Subtotal (Lines 9 to 15)	0	430,385,313	406,948,758
	Less:			
17.	Net reinsurance recoveries		0	
18.	Total hospital and medical (Lines 16 minus 17)	0	430,385,313	406,948,758
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including $ 8,629,554 cost containment expenses		16,323,741	12,771,258
21.	General administrative expenses		37,162,761	33,951,059
22.	Increase in reserves for life and accident and health contracts (including $ increase in reserves for life only)		(15,055,317)	15,055,317
23.	Total underwriting deductions (Lines 18 through 22)	0	468,816,498	468,726,392
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	57,700,555	(12,749,263)
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		1,431,083	1,775,210
26.	Net realized capital gains (losses) less capital gains tax of $		40,112	1,575
27.	Net investment gains (losses) (Lines 25 plus 26)	0	1,471,195	1,776,785
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	59,171,750	(10,972,478)
31.	Federal and foreign income taxes incurred	XXX		
32.	Net income (loss) (Lines 30 minus 31)	XXX	59,171,750	(10,972,478)
	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 thru 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 thru 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 thru 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 thru 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	57,740,585	66,688,174
34.	Net income or (loss) from Line 32	59,171,750	(10,972,478)
35.	Change in valuation basis of aggregate policy and claim reserves		
36.	Change in net unrealized capital gains (losses) less capital gains tax of $	3,158,157	3,774,809
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax		
39.	Change in nonadmitted assets	(2,507,818)	(1,749,920)
40	Change in unauthorized and certified reinsurance	0	0
41.	Change in treasury stock	0	0
42.	Change in surplus notes	0	0
43.	Cumulative effect of changes in accounting principles		
44.	Capital Changes:		
	44.1 Paid in	0	0
	44.2 Transferred from surplus (Stock Dividend)	0	0
	44.3 Transferred to surplus		
45.	Surplus adjustments:		
	45.1 Paid in	0	0
	45.2 Transferred to capital (Stock Dividend)		
	45.3 Transferred from capital		
46.	Dividends to stockholders		
47.	Aggregate write-ins for gains or (losses) in surplus	0	0
48.	Net change in capital and surplus (Lines 34 to 47)	59,822,089	(8,947,589)
49.	Capital and surplus end of reporting period (Line 33 plus 48)	117,562,674	57,740,585
	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 thru 4703 plus 4798)(Line 47 above)	0	0

CASH FLOW

		1 Current Year	2 Prior Year
	Cash from Operations		
1.	Premiums collected net of reinsurance	506,701,795	458,037,506
2.	Net investment income	1,638,248	1,821,861
3.	Miscellaneous income	(1,143,647)	(519,941)
4.	Total (Lines 1 through 3)	507,196,396	459,339,426
5.	Benefit and loss related payments	399,610,720	406,057,525
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	58,489,595	48,868,984
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)	458,100,315	454,926,509
11.	Net cash from operations (Line 4 minus Line 10)	49,096,081	4,412,917
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	10,820,667	7,334,799
	12.2 Stocks	0	0
	12.3 Mortgage loans	0	0
	12.4 Real estate	0	0
	12.5 Other invested assets	0	0
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
	12.7 Miscellaneous proceeds	0	0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	10,820,667	7,334,799
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	43,840,274	12,127,762
	13.2 Stocks	376,621	440,085
	13.3 Mortgage loans	0	0
	13.4 Real estate	0	0
	13.5 Other invested assets	0	0
	13.6 Miscellaneous applications	0	0
	13.7 Total investments acquired (Lines 13.1 to 13.6)	44,216,895	12,567,846
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)	(33,396,228)	(5,233,047)
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes	0	0
	16.2 Capital and paid in surplus, less treasury stock	0	0
	16.3 Borrowed funds	0	0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
	16.5 Dividends to stockholders	0	0
	16.6 Other cash provided (applied)	4,557,089	588,193
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	4,557,089	588,193
	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)	20,256,942	(231,937)
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	35,518,396	35,750,333
	19.2 End of year (Line 18 plus Line 19.1)	55,775,338	35,518,396

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

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	526,517,053						526,517,053			
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of $ ..... medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	526,517,053	0	0	0	0	0	526,517,053	0	0	0
8. Hospital/medical benefits	367,821,014						367,821,014			XXX
9. Other professional services	0									XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	0									XXX
12. Prescription drugs	50,754,818						50,754,818			XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	11,809,481						11,809,481			XXX
15. Subtotal (Lines 8 to 14)	430,385,313	0	0	0	0	0	430,385,313	0	0	XXX
16. Net reinsurance recoveries	0									XXX
17. Total medical and hospital (Lines 15 minus 16)	430,385,313	0	0	0	0	0	430,385,313	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including $ 8,629,552 cost containment expenses	16,323,740						16,323,740			
20. General administrative expenses	37,162,762						37,162,762			
21. Increase in reserves for accident and health contracts	(15,055,317)						(15,055,317)			XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	468,816,498	0	0	0	0	0	468,816,498	0	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	57,700,555	0	0	0	0	0	57,700,555	0	0	0
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

	Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1.	Comprehensive (hospital and medical)				0
2.	Medicare Supplement				0
3.	Dental only				0
4.	Vision only				0
5.	Federal Employees Health Benefits Plan	0			0
6.	Title XVIII - Medicare	526,517,053			526,517,053
7.	Title XIX - Medicaid	0			0
8.	Other health				0
9.	Health subtotal (Lines 1 through 8)	526,517,053	0	0	526,517,053
10.	Life	0			0
11.	Property/casualty	0			0
12.	Totals (Lines 9 to 11)	526,517,053	0	0	526,517,053

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	409,729,295						409,729,295			
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	409,729,295	0	0	0	0	0	409,729,295	0	0	0
2. Paid medical incentive pools and bonuses	4,936,742						4,936,742			
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	45,682,041	0	0	0	0	0	45,682,041	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	45,682,041	0	0	0	0	0	45,682,041	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
5. Accrued medical incentive pools and bonuses, current year	8,061,246						8,061,246			
6. Net healthcare 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	36,835,503	0	0	0	0	0	36,835,503	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	36,835,503	0	0	0	0	0	36,835,503	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
10. Accrued medical incentive pools and bonuses, prior year	1,188,507						1,188,507			
11. Amounts recoverable from reinsurers December 31, prior year	0									
12. Incurred Benefits:										
12.1 Direct	418,575,833	0	0	0	0	0	418,575,833	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
12.4 Net	418,575,833	0	0	0	0	0	418,575,833	0	0	0
13. Incurred medical incentive pools and bonuses	11,809,481	0	0	0	0	0	11,809,481	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 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	6,254,499						6,254,499			
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	6,254,499	0	0	0	0	0	6,254,499	0	0	0
2. Incurred but Unreported:										
2.1 Direct	39,427,542						39,427,542			
2.2 Reinsurance assumed	0									
2.3 Reinsurance ceded	0									
2.4 Net	39,427,542	0	0	0	0	0	39,427,542	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
4. TOTALS:										
4.1 Direct	45,682,041	0	0	0	0	0	45,682,041	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	45,682,041	0	0	0	0	0	45,682,041	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 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 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)					0	0
2. Medicare Supplement					0	0
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare	29,887,274	379,842,021	51,723	45,630,318	29,938,997	36,835,504
7 Title XIX - Medicaid					0	0
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	29,887,274	379,842,021	51,723	45,630,318	29,938,997	36,835,504
10. Healthcare receivables (a)					0	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts	1,048,261	3,888,481		8,061,246	1,048,261	1,188,506
13. Totals (Lines 9 - 10 + 11 + 12)	30,935,535	383,730,502	51,723	53,691,564	30,987,258	38,024,010

(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 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	25,360	25,046	25,046	25,046	25,046
2. 2016	279,259	306,788	306,705	306,705	306,705
3. 2017	XXX	310,969	336,514	336,371	336,371
4. 2018	XXX	XXX	316,572	345,711	345,540
5. 2019	XXX	XXX	XXX	377,061	408,168
6. 2020	XXX	XXX	XXX	XXX	383,731

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 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	25,360	25,046	25,046	25,046	25,046
2. 2016	314,501	306,867	306,705	306,705	306,705
3. 2017	XXX	348,930	336,766	336,371	336,371
4. 2018	XXX	XXX	353,705	346,400	345,540
5. 2019	XXX	XXX	XXX	414,396	408,220
6. 2020	XXX	XXX	XXX	XXX	437,422

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2016	329,280	306,705	9,611	3.1	316,316	96.1			316,316	96.1
2. 2017	390,687	336,514	11,873	3.5	348,387	89.2			348,387	89.2
3. 2018	400,640	345,540	12,246	3.5	357,786	89.3			357,786	89.3
4. 2019	455,977	408,168	12,771	3.1	420,939	92.3	51		420,990	92.3
5. 2020	526,517	383,731	16,324	4.3	400,055	76.0	53,692	1,199	454,946	86.4

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 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	25,360	25,046	25,046	25,046	25,046
2. 2016	279,259	306,788	306,705	306,705	306,705
3. 2017	XXX	310,969	336,514	336,371	336,371
4. 2018	XXX	XXX	316,572	345,711	345,540
5. 2019	XXX	XXX	XXX	377,061	408,168
6. 2020	XXX	XXX	XXX	XXX	383,731

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 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	25,360	25,046	25,046	25,046	25,046
2. 2016	314,501	306,867	306,705	306,705	306,705
3. 2017	XXX	348,930	336,766	336,371	336,371
4. 2018	XXX	XXX	353,705	346,400	345,540
5. 2019	XXX	XXX	XXX	414,396	408,220
6. 2020	XXX	XXX	XXX	XXX	437,422

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. 2016	329,280	306,705	9,611	3.1	316,316	96.1	0	0	316,316	96.1
2. 2017	390,687	336,514	11,873	3.5	348,387	89.2	0	0	348,387	89.2
3. 2018	400,640	345,540	12,246	3.5	357,786	89.3	0	0	357,786	89.3
4. 2019	455,977	408,168	12,771	3.1	420,939	92.3	51	0	420,990	92.3
5. 2020	526,517	383,731	16,324	4.3	400,055	76.0	53,692	1,199	454,946	86.4

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves	0								
2. Additional policy reserves (a)	0								
3. Reserve for future contingent benefits	0								
4. Reserve for rate credits or experience rating refunds (including $ .....) for investment income	0								
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0
6. Totals (gross)	0	0	0	0	0	0	0	0	0
7. Reinsurance ceded	0								
8. Totals (Net)(Page 3, Line 4)	0	0	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims	0								
10. Reserve for future contingent benefits	0								
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded	0								
14. Totals (Net)(Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501. Aggregate write-ins for policy reserves	0								
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	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
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses 1 Cost Containment Expenses	Claim Adjustment Expenses 2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
1. Rent ($ ..... for occupancy of own building)					0
2. Salary, wages and other benefits	5,165,295	949,807	14,410,372		20,525,474
3. Commissions (less $ ..... ceded plus $ ..... assumed)			4,974,906		4,974,906
4. Legal fees and expenses			756,956		756,956
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services	277,815		1,778,598		2,056,413
7. Traveling expenses	26,204	182	26,603		52,989
8. Marketing and advertising	10,786		3,903,857		3,914,643
9. Postage, express and telephone	28,570	43,367	1,460,415		1,532,352
10. Printing and office supplies	20,898	495	47,891		69,284
11. Occupancy, depreciation and amortization	3,383		949,593		952,976
12. Equipment	147,100	819,198	2,354,624		3,320,922
13. Cost or depreciation of EDP equipment and software					0
14. Outsourced services including EDP, claims, and other services	2,660,230	5,829,255	5,368,510		13,857,995
15. Boards, bureaus and association fees					0
16. Insurance, except on real estate			85,852		85,852
17. Collection and bank service charges			301,430		301,430
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	289,273	51,883	708,598		1,049,754
23.5 Other (excluding federal income and real estate taxes)			34,556		34,556
24. Investment expenses not included elsewhere				205,590	205,590
25. Aggregate write-ins for expenses	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25)	8,629,554	7,694,187	37,162,761	205,590	(a) 53,692,092
27. Less expenses unpaid December 31, current year		1,199,253	2,133,207		3,332,460
28. Add expenses unpaid December 31, prior year		614,549	166,281		780,830
29. Amounts receivable relating to uninsured plans, prior year					0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	8,629,554	7,109,483	35,195,835	205,590	51,140,462
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 thru 2503 plus 2598)(Line 25 above)	0	0	0	0	0

(a) Includes management fees of $ 25,239,317 to affiliates and $ ..... to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. government bonds	(a) 73,805	95,008
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a) 974,426	1,076,028
1.3	Bonds of affiliates	(a)	
2.1	Preferred stocks (unaffiliated)	(b)	
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)	376,621	376,621
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5	Contract Loans		
6	Cash, cash equivalents and short-term investments	(e) 52,085	51,325
7	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income	0	0
10.	Total gross investment income	1,476,936	1,598,982
11.	Investment expenses		(g) 205,590
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13.	Interest expense		(h) (37,691)
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		167,899
17.	Net investment income (Line 10 minus Line 16)		1,431,083
	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 thru 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 thru 1503 plus 1598) (Line 15, above)		0

(a) Includes $ 35,261 accrual of discount less $ 364,473 amortization of premium and less $ 131,321 paid for accrued interest on purchases.

(b) Includes $ ..... accrual of discount less $ ..... amortization of premium and less $ ..... paid for accrued dividends on purchases.

(c) Includes $ ..... accrual of discount less $ ..... amortization of premium and less $ ..... paid for accrued interest on purchases.

(d) Includes $ ..... for company's occupancy of its own buildings; and excludes $ ..... interest on encumbrances.

(e) Includes $ 17,243 accrual of discount less $ 27,564 amortization of premium and less $ 3,235 paid for accrued interest on purchases.

(f) Includes $ ..... accrual of discount less $ ..... amortization of premium.

(g) Includes $. ..... investment expenses and $ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.

(h) Includes $ ..... interest on surplus notes and $ ..... interest on capital notes.

(i) Includes $ ..... depreciation on real estate and $ ..... depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds	(1,195)	0	(1,195)	0	0
1.1	Bonds exempt from U.S. tax			0		
1.2	Other bonds (unaffiliated)	41,052	0	41,052	(190)	0
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)	0	0	0	0	0
2.11	Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unaffiliated)	0	0	0	3,158,346	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
5.	Contract loans			0		
6.	Cash, cash equivalents and short-term investments	253	0	253	0	0
7.	Derivative instruments			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)	40,110	0	40,110	3,158,156	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 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

EXHIBIT OF NON-ADMITTED ASSETS

		1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 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	365,760	559,881	194,121
	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	3,472,603	2,594,021	(878,582)
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	14,565,851	12,742,494	(1,823,357)
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)	18,404,214	15,896,396	(2,507,818)
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28.	Total (Lines 26 and 27)	18,404,214	15,896,396	(2,507,818)
	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 thru 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 thru 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
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1. Health Maintenance Organizations	4,375	4,561	4,585	4,606	4,680	55,243
2. Provider Service Organizations						
3. Preferred Provider Organizations	3,777	6,323	6,848	7,430	7,630	82,886
4. Point of Service	43,075	43,025	43,161	43,503	43,734	519,362
5. Indemnity Only						
6. Aggregate write-ins for other lines of business	0	0	0	0	0	0
7. Total	51,227	53,909	54,594	55,539	56,044	657,491
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 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

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 2019 or 2020.

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 #	2020	2019
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	59,171,751	(10,972,478)
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	59,171,751	(10,972,478)
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	117,562,674	57,740,585
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	117,562,674	57,740,585

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 Policies

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. The Company records pharmaceutical rebates receivable as a non-admitted asset.

D. Going Concern

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

2. Accounting Changes and Corrections of Errors

A. **Accounting Changes and Correction of Errors:** None.

3. Business Combinations and Goodwill: None.

A. **Statutory Purchase Method:** None.

B. **Statutory Merger:** None.

C. **Assumption Reinsurance:** None.

D. **Impairment Loss:** None.

4. Discontinued Operations: None.

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

None.

B. Debt Restructuring

None.

NOTES TO FINANCIAL STATEMENTS

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.

	1 Amortized Cost Basis Before Other-than-Temporary Impairment	2 Other-than-Temporary Impairment Recognized in Loss	3 Fair Value 1 - 2
(2) OTTI recognized 1st Quarter			
a. Intent to sell	0	0	0
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	0	0	0
c. Total 1st Quarter	0	0	0
OTTI recognized 2nd Quarter			
d. Intent to sell	0	0	0
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	0	0	0
f. Total 2nd Quarter	0	0	0
OTTI recognized 3rd Quarter			
g. Intent to sell	0	0	0
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	0	0	0
i. Total 3rd Quarter	0	0	0
OTTI recognized 4th Quarter			
j. Intent to sell			0
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			0
l. Total 4th Quarter	0	0	0
m. Annual Aggregate Total		0	

(3)

1 CUSIP	2 Book/Adjusted Carrying Value Amortized Cost Before Current Period OTTI	3 Present Value of Projected Cash Flows	4 Recognized Other-Than-Temporary Impairment	5 Amortized Cost After Other-Than-Temporary Impairment	6 Fair Value at time of OTTI	7 Date of Financial Statement Where Reported
Total	XXX	XXX	0	XXX	XXX	XXX

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

a. The aggregate amount of unrealized losses:

1. Less than 12 Months 5,425
2. 12 Months or Longer 0

b. The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months 4,513,797
2. 12 Months or Longer ....

(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

NOTES TO FINANCIAL STATEMENTS

E. Dollar Repurchase Agreements and/or Security Lending Transactions

None.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

None.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

None.

H. Repurchase Agreements Transactions Accounted for as a Sale

None.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

None.

J. Real Estate

None.

K. Low-Income Housing Tax Credits

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	0		0	0.000	0.000
b. Collateral held under security lending agreements		0	0		0	0.000	0.000
c. Subject to repurchase agreements		0	0		0	0.000	0.000
d. Subject to reverse repurchase agreements		0	0		0	0.000	0.000
e. Subject to dollar repurchase agreements		0	0		0	0.000	0.000
f. Subject to dollar reverse repurchase agreements		0	0		0	0.000	0.000
g. Placed under option contracts		0	0		0	0.000	0.000
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock		0	0		0	0.000	0.000
i. FHLB capital stock		0	0		0	0.000	0.000
j. On deposit with states	612,310	611,754	556		612,310	0.003	0.003
k. On deposit with other regulatory bodies			0			0.000	0.000
l. Pledged collateral to FHLB (including assets backing funding agreements)			0			0.000	0.000
m. Pledged as collateral not captured in other categories			0			0.000	0.000
n. Other restricted assets			0			0.000	0.000
o. Total Restricted Assets	612,310	611,754	556	0	612,310	0.003	0.003

(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

	General Account
1. Number of CUSIPs	0
2. Aggregate Amount of Investment Income	0

NOTES TO FINANCIAL STATEMENTS

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.

7. Investment Income

A. Due and accrued investment income was excluded from surplus on the following bases: We have no investment income due and accrued excluded from surplus.

B. The Company did not accrue investment income that was non-admitted at December 31, 2020.

8. Derivative Instruments: None.

9. Income Taxes: The Company is not subject to Federal Income taxes.

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).

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

The Company has an arrangement with MPHC where it will pay MPHC's delivery system for covered services. The payments will consist of fee-for-service payments minus any applicable coinsurance, copayments, deductibles, and contractual adjustments. The Company paid MPHC $4,864,534 and $5,176,600 in 2020 and 2019, respectively.

The Company has incentive and risk sharing 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 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. The Company receives payments from MPHC when medical loss ratio results are greater than targets. Under this arrangement, the Company paid MPHC $1,716,860 and $0 for 2020 and 2019, respectively.

Primary Care Payment Model: The Company and MPHC entered into a payment agreement whereby the Company agrees to make payments to MPHC based on performance of specified procedures. The Company paid MPHC $1,243,000 and $516,000 for 2020 and 2019, respectively.

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 $428,205 and $545,557 for 2020 and 2019, respectively.

D. Amounts Due to or from Related Parties

At December 31, 2020, the Company reported a net of $11,688,674 due to MPHC for amounts applicable to 2020. Payment to MPHC was settled in February 2021.

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 that 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 that 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, 2020 and December 31, 2019 were $25,239,317 and $21,445,588, 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: None.

O. SCA Loss Tracking: None.

11. Debt

A. Debt including Capital Notes: None

B. FHLB (Federal Home Loan Bank) agreements: None

NOTES TO FINANCIAL STATEMENTS

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. Fair Value of Plan Assets: None.

D. Basis used to determine the long-term rate-of-return: None.

E. Defined Contribution Plans: 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: None.

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

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.

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.

15. Leases

A. Lessee Leasing Arrangements: None.

B. Lessor Leasing Arrangements: None.

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk: None.

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.

NOTES TO FINANCIAL STATEMENTS

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:

The Medicare Advantage prescription drug program is referred to as Part D. Settlement amounts relating to the Part D program are reported as amounts held in relation to uninsured plans as follows:

The Company reported $1,297,170 as accounts receivable relating to uninsured plans as of December 31, 2020. The portion of this receivable related to the amounts received from manufacturers as part of Coverage Gap Discount Program ($3,472,603) is non-admitted for Statutory reporting.

Low Income Cost Sharing (LICS) - $416,683

Low-income members have some or the entire member cost share of their benefits paid for by CMS. A prospective payment rate is established during the bid process. Actual expenses are compared to the prospective amounts paid with reconciliation to or from CMS to settle the difference. The company estimate that the prospective payment did not fully cover the CMS LICS obligation.

Federal Reinsurance Receivable - $880,487

Through the Federal reinsurance program, CMS pays 80% of the costs members incur through their Part D benefit beyond the true out-of-pocket (TrOOP) threshold. During the annual bid process, a prospective amount is defined to represent the projected amount Federal Reinsurance will cover. With the close of the year, the prospective payment is reconciled with actual experience. Applicable expenses beyond the prospective reimbursement are accrued as a receivable and amounts below the prospective payable held as a liability.

Coverage Gap Discount Program - $3,472,603

The Company reported amounts due from pharmaceutical manufacturers in connection with the coverage gap discount program of $3,472,603 and $2,543,889 for plan year 2020 and 2019 as accounts receivable related to uninsured plans. These amounts are non-admitted.

The Company reported a liability of $1,227,555 for amounts held under uninsured plans as of December 31, 2020 and $4,682,408 on December 31, 2019.

Coverage Gap Payable - $1,227,555

The Company reported amounts owed to CMS in connection with the coverage gap discount program of $1,227,555 and $1,573,170 for plan year 2020 and 2019 as a liability for amounts held under uninsured plans.

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

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					
Perpetual Preferred Stock					
Industrial and Misc					
Parent, Subsidiaries and Affiliates					
Total Perpetual Preferred Stocks	0	0	0		0
Bonds					
Exempt MM Mutual Fund	612,310				612,310
Industrial & Misc		48,458,503			48,458,503
Other MM Mutual Fund	3,836,196				3,836,196
Political Subdivision		4,240,415			4,240,415
Special Rev./Assess. Oblig		18,342,614			18,342,614
States, Terr. & Poss.		919,596			919,596
Unknown	70				70
US Government	21,144,353	200,820			21,345,173
Total Bonds	**25,592,928**	**72,161,947**			**97,754,876**
Common Stock					
Mutual Funds	23,309,063				23,309,063
Other					
Total Common Stocks	**23,309,063**				**23,309,063**
Derivative Assets					
Interest Rate Contracts					
Foreign Exchange Contracts					
Credit Contracts					
Commodity Futures Contracts					
Commodity Forward Contracts					
Total Derivatives	0	0	0		0
Total assets at fair value/NAV	**48,901,991**	**72,161,947**	0		**121,063,938**

NOTES TO FINANCIAL STATEMENTS

21. Other Items

A. Unusual or Infrequent Items: None.

B. Troubled Debt Restructuring: None.

C. Other Disclosures: None.

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.

I. Life Insurance

22. Events Subsequent:

Type I - Recognized Subsequent Events:

Subsequent events have been considered through February 24, 2021 for the statutory statements issued on February 24, 2021.

Type II – Non-recognized Subsequent Events: None.

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 Company 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?

   Yes ( ) No (X)

B. Uncollectible Reinsurance: None.

C. Commutation of Ceded Reinsurance: None.

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

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. **Method used to estimate accrued retrospective premium advances.** None.

B. **Disclosure of accrued retrospective premiums.** None.

C. **Disclosure of the amount of net premiums written.** None.

D. **Disclosure of the amounts for medical loss ratio rebates required.** None.

E. **Risk-sharing provisions of the Affordable Care Act.** None.

NOTES TO FINANCIAL STATEMENTS

25. Change in Incurred Claims and Claims Adjustment Expenses

A. Reserves as of December 31, 2019 were $37,450,053. As of December 31, 2020, $30,500,961 has been paid for incurred claims and claim adjustment expenses attributable to insured events of the prior year. Reserves remaining for prior years are $52,586 as a result of re-estimation of unpaid claims and claim adjustment expenses. After consideration of $3,903,356 of redundancy at December 31, 2019, there has been $966,537 favorable prior-year development since December 31, 2019. The favorable development is generally the result of ongoing analysis of recent loss 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.

26. Intercompany Pooling Arrangements: None.

27. Structured Settlements: None.

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables: The Company records Pharmaceutical Rebates Receivables as non-admitted assets.

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.

29. Participating Policies: None.

30. Premium Deficiency Reserves:

1. Liability carried for premium deficiency reserves	$0
2. Date of the most recent evaluation of this liability	02/17/2021
3. Was anticipated investment income utilized in the calculation	Yes ( ) No (X)

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? ..... Yes [X] No [ ]
If yes, complete Schedule Y, Parts 1, 1A and 2

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? ..... Yes [X] No [ ] N/A [ ]

1.3 State Regulating? ..... Maine

1.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [ ] No [X]

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. ..... _____

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [X]

2.2 If yes, date of change: ..... _____

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2018

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. 12/31/2018

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). 06/13/2020

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 [X]

3.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [X] No [ ] N/A [ ]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? ..... Yes [ ] No [X]
4.12 renewals? ..... Yes [ ] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? ..... Yes [ ] No [X]
4.22 renewals? ..... Yes [ ] No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [X]
If yes, complete and file the merger history data file with the NAIC.

5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [X]

6.2 If yes, give full information:
.....

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? ..... Yes [ ] No [X]

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

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [X]

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

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

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?
Timothy J Wilder, Principal & Consulting Actuary, Milliman
4370 La Jolla Village Dr, Suite 700
San Diego, CA 92122

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 [X]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No [ ]
a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
c. Compliance with applicable governmental laws, rules and regulations;
d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
e. Accountability for adherence to the code.

14.11 If the response to 14.1 is No, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [ ] No [X]

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

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]

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

GENERAL INTERROGATORIES

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [X]

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

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

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No [ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No [ ]

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? Yes [X] No [ ]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers $
- 20.12 To stockholders not officers $
- 20.13 Trustees, supreme or grand (Fraternal Only) $

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers $
- 20.22 To stockholders not officers $
- 20.23 Trustees, supreme or grand (Fraternal Only) $

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others $
- 21.22 Borrowed from others $
- 21.23 Leased from others $
- 21.24 Other $

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [ ] No [X]

22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment $
- 22.22 Amount paid as expenses $
- 22.23 Other amounts paid $

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [X]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $

INVESTMENT

24.01 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 24.03) Yes [ ] No [X]

24.02 If no, give full and complete information relating thereto
They are held under a Custody Agreement with US Bank NA as noted in 28.01 below

24.03 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)

24.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. $

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

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

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

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

GENERAL INTERROGATORIES

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

24.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. $ 0
24.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $ 0
24.093 Total payable for securities lending reported on the liability page. $ 0

25.1 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 24.03). Yes [X] No [ ]

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

25.21 Subject to repurchase agreements $
25.22 Subject to reverse repurchase agreements $
25.23 Subject to dollar repurchase agreements $
25.24 Subject to reverse dollar repurchase agreements $
25.25 Placed under option agreements $
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock $
25.27 FHLB Capital Stock $
25.28 On deposit with states $ 612,312
25.29 On deposit with other regulatory bodies $
25.30 Pledged as collateral - excluding collateral pledged to an FHLB $
25.31 Pledged as collateral to FHLB - including assets backing funding agreements $
25.32 Other $

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [X]
If no, attach a description with this statement.

LINES 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [ ] No [X]

26.4 If the response to 26.3 is YES, does the reporting entity utilize:
26.41 Special accounting provision of SSAP No. 108 Yes [ ] No [ ]
26.42 Permitted accounting practice Yes [ ] No [ ]
26.43 Other accounting guidance Yes [ ] No [ ]

26.5 By responding YES to 26.41 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.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [X]

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

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No [ ]

28.01 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

GENERAL INTERROGATORIES

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

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [ ] No [X]

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

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

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["…that have access to the investment accounts"; "…handle securities"]

1 Name of Firm or Individual	2 Affiliation

28.0597 For those firms/individuals listed in the table for Question 28.05, 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 [ ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [ ] No [X]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed

29.1 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]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 - Total		0

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

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

GENERAL INTERROGATORIES

30. 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 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	74,251,300	76,659,910	2,408,610
30.2 Preferred stocks	0		0
30.3 Totals	74,251,300	76,659,910	2,408,610

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

31.1 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]

31.2 If the answer to 31.1 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 [ ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

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

32.2 If no, list exceptions:

33. 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]

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
   a. The security was purchased prior to January 1, 2018.
   b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
   c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
   d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

   Has the reporting entity self-designated PLGI securities? Yes [ ] No [X]

35. 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]

36. 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 36.a - 36.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]

GENERAL INTERROGATORIES

OTHER

37.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? $ 26,856

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

1 Name	2 Amount Paid

38.1 Amount of payments for legal expenses, if any? $ 18,395

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

1 Name	2 Amount Paid

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

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

1 Name	2 Amount Paid

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	526,517,053	455,977,129
2.2	Premium Denominator	526,517,053	455,977,129
2.3	Premium Ratio (2.1/2.2)	1.000	1.000
2.4	Reserve Numerator	53,743,287	55,475,585
2.5	Reserve Denominator	53,743,287	55,475,585
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 17,782

8.2 Number of providers at end of reporting year 18,080

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

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months $

9.22 Business with rate guarantees over 36 months $

GENERAL INTERROGATORIES

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

10.2 If yes:

10.21 Maximum amount payable bonuses $ 8,893,362
10.22 Amount actually paid for year bonuses $ 4,671,766
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. $ 62,829,021
11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [ ] No [X]
11.6 If the amount is calculated, show the calculation
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

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 2020	2 2019	3 2018	4 2017	5 2016
	Balance Sheet (Pages 2 and 3)					
1.	Total admitted assets (Page 2, Line 28)	188,070,093	126,202,313	120,737,731	99,868,419	88,442,126
2.	Total liabilities (Page 3, Line 24)	70,507,419	68,461,730	54,049,558	42,948,190	45,163,985
3.	Statutory minimum capital and surplus requirement	62,829,021	48,310,908	43,431,006	41,874,000	38,079,288
4.	Total capital and surplus (Page 3, Line 33)	117,562,674	57,740,583	66,688,173	56,920,229	43,278,141
	Income Statement (Page 4)					
5.	Total revenues (Line 8)	526,517,053	455,977,129	401,256,396	391,032,646	329,279,875
6.	Total medical and hospital expenses (Line 18)	430,385,313	406,948,758	346,623,451	340,781,696	308,156,351
7.	Claims adjustment expenses (Line 20)	16,323,741	12,771,258	12,245,917	11,873,339	9,611,311
8.	Total administrative expenses (Line 21)	37,162,761	33,951,059	28,009,118	27,900,801	25,334,705
9.	Net underwriting gain (loss) (Line 24)	57,700,555	(12,749,263)	14,377,910	10,476,810	(13,822,492)
10.	Net investment gain (loss) (Line 27)	1,471,195	1,776,785	1,312,961	1,013,466	630,399
11.	Total other income (Lines 28 plus 29)	0	0	0	0	0
12.	Net income or (loss) (Line 32)	59,171,750	(10,972,478)	15,690,871	11,490,276	(13,192,093)
	Cash Flow (Page 6)					
13.	Net cash from operations (Line 11)	49,096,081	4,412,917	12,828,756	10,166,451	(15,911,397)
	Risk-Based Capital Analysis					
14.	Total adjusted capital	117,562,674	57,740,583	66,688,173	56,920,228	43,278,141
15.	Authorized control level risk-based capital	20,943,007	16,893,070	14,477,002	13,958,000	12,693,096
	Enrollment (Exhibit 1)					
16.	Total members at end of period (Column 5, Line 7)	56,044	51,227	45,370	42,475	40,096
17.	Total members months (Column 6, Line 7)	657,491	591,186	533,477	499,101	460,820
	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)	81.7	89.2	86.5	87.2	93.6
20.	Cost containment expenses	1.6	1.5	1.8	1.6	1.4
21.	Other claims adjustment expenses	1.5	1.3	1.2	1.5	1.6
22.	Total underwriting deductions (Line 23)	89.0	102.8	96.6	97.4	104.2
23.	Total underwriting gain (loss) (Line 24)	11.0	(2.8)	3.6	2.7	(4.2)
	Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24.	Total claims incurred for prior years (Line 13, Col. 5)	30,987,258	29,685,513	30,037,028	27,066,488	25,455,027
25.	Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	38,024,010	37,132,778	38,039,506	35,214,326	31,799,795
	Investments In Parent, Subsidiaries and Affiliates					
26.	Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					0
27.	Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0			0
28.	Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0			0
29.	Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30.	Affiliated mortgage loans on real estate					
31.	All other affiliated					
32.	Total of above Lines 26 to 31	0	0	0	0	0
33.	Total investment in parent included in Lines 26 to 31 above.					

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

If no, please explain:

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

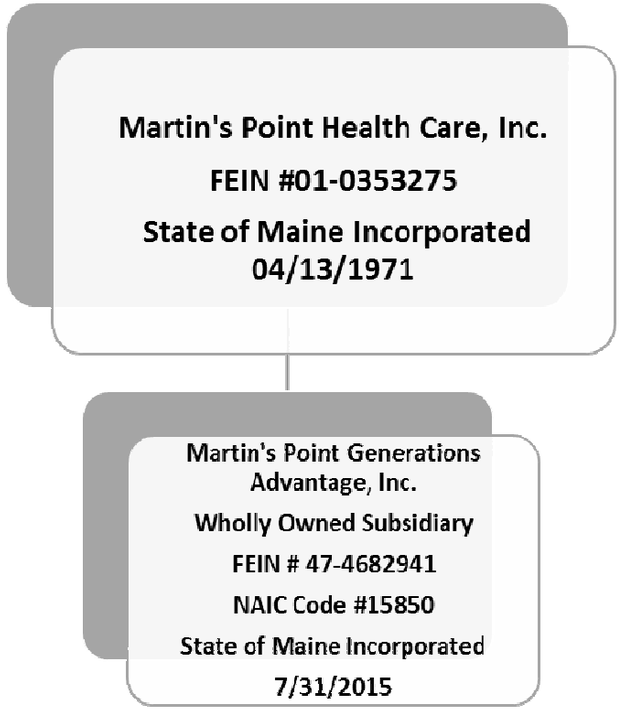
		1	Direct Business Only							
			2	3	4	5	6	7	8	9
	States, etc.	Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type 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		492,653,215					492,653,215	
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		33,863,838					33,863,838	
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 alien OT	XXX	0	0	0	0	0	0	0	0
59.	Subtotal	XXX	0	526,517,053	0	0	0	0	526,517,053	0
60.	Reporting entity contributions for Employee Benefit Plans	XXX							0	
61.	Total (Direct Business)	XXX	0	526,517,053	0	0	0	0	526,517,053	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
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG 2
R - Registered - Non-domiciled RRGs 0
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state 0
Q - Qualified - Qualified or accredited reinsurer 0
N - None of the above - Not allowed to write business in the state 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



OVERFLOW PAGE FOR WRITE-INS

NONE