

**MAINE ANNUAL REPORT SUPPLEMENT (RULE 945)**

Company:	Anthem Health Plans of Maine				
NAIC Code:	52618	Year: 2010			
Name of person completing this form:	Joanne Lauterbach				
Address1:	2 Gannett Drive				
Address2:					
City:	South Portland	State:	ME	Zip:	04106
Telephone:	(207) 822-7794	Fax:	(207)822-8999		
E-Mail:	Joanne.Lauterbach@anthem.com				

Line #		Large Group	Small Group	Individuals	Dirigo Groups	Dirigo Individuals	Stop Loss	Total
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**PART 1: STATEWIDE DATA**

Member and Contract Information								
1	Member months during year	1,658,211	583,112	220,711	0	0	0	2,462,034
2	Number of contracts 12/31 in force	178	5,370	10,406	0	0	24,128	40,082
2a	Number of contracts in line 2 that were issued during the year		2,968	794				3,762
2b	Number of contracts in line 2a covering policyholders that were uninsured for the prior 90 days		387	239	0	0		
3	Number of subscribers covered as individuals (non-family) under group or individual contracts 12/31	39,487	19,580	6,742	0	0	13,002	78,811
4	Number of families covered (individual + spouse, individual + dependent, individual + family) 12/31	34,087	10,127	3,664	0	0	11,126	59,004
5	Number of dependents 12/31	63,923	21,058	7,097	0	0	20,489	112,567
5a	Covered Lives 12/31 (3+4+5)	137,497	50,765	17,503	0	0	44,617	250,382

Revenue Information								
6	Direct premiums written	693,742,444.00	210,984,972.00	62,094,855.00	0.00	0.00	2,807,880.00	969,630,151.00
7	Direct premiums earned	673,974,416.00	210,933,205.00	62,088,316.00	0.00	0.00	2,807,880.00	949,803,817.00
8	Net premium income	693,742,444.00	210,984,972.00	62,094,855.00	0.00	0.00	2,807,880.00	969,630,151.00
9	Change in unearned premium reserves and reserve for rate credits	-19,768,028.00	-51,767.00	-6,539.00	0.00	0.00	0.00	-19,826,334.00
10	Fee-for-service	0.00	0.00	0.00	0.00	0.00		0.00
11	Risk revenue	0.00	0.00	0.00	0.00	0.00		0.00
13	Aggregate write-ins for other health care related revenues	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14	Total revenues (lines 8-13)	673,974,416.00	210,933,205.00	62,088,316.00	0.00	0.00	2,807,880.00	949,803,817.00

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E-Mail:	Joanne.Lauterbach@anthem.com				

Line #		Large Group	Small Group	Individuals	Dirigo Groups	Dirigo Individuals	Stop Loss	Total
	<b>Expense Information</b>							
15	Hospital benefits (not including emergency room) - inpatient only	164,345,970.00	37,853,070.00	16,126,259.00	0.00	0.00		218,125,299.00
16	Hospital benefits (not including emergency room) - outpatient only	142,032,811.00	48,341,981.00	16,956,426.00	0.00	0.00		207,331,218.00
17	Medical benefits (excluding hospital inpatient and outpatient above)	154,570,935.00	48,010,366.00	18,344,772.00	0.00	0.00		220,926,073.00
18	Other professional services	7,077,319.00	0.00	735.00	0.00	0.00		7,078,054.00
19	Outside referrals	0.00	0.00	0.00	0.00	0.00		0.00
20	Emergency room and out-of-area	20,884,369.00	8,162,340.00	1,804,370.00	0.00	0.00		30,851,079.00
21	Prescription drugs	108,793,267.00	28,729,915.00	1,167,650.00	0.00	0.00		138,690,832.00
22	Aggregate write-ins for other medical and hospital	0.00	0.00	0.00	0.00	0.00		0.00
23	Incentive pool and withhold adjustments and bonus amounts	0.00	0.00	0.00	0.00	0.00		0.00
24	Net reinsurance recoveries	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25	Total medical and hospital expenses (lines 15-23 less line 24) (For stop-loss, just enter total)	597,704,671.00	170,897,672.00	54,400,212.00	0.00	0.00	1,363,579.00	824,366,134.00
26	Increase in reserves	0.00	0.00	-6,347,696.00	0.00	0.00	0.00	-6,347,696.00
27	Cost containment expenses	7,759,245.00	4,096,087.00	1,197,217.00	0.00	0.00	14,615.00	13,067,164.00
28	Other claims adjustment expenses	7,393,232.00	3,902,870.00	1,140,743.00	0.00	0.00	13,925.00	12,450,770.00
29	Salaries, wages and other benefits excluding cost containment expenses and other claims adjustment expenses	13,236,812.00	4,615,083.00	2,663,039.00	0.00	0.00	76,989.00	20,591,923.00
30	Commissions	4,959,168.00	7,784,399.00	285,373.00	0.00	0.00	0.00	13,028,940.00
31	Marketing and advertising	1,068,843.00	372,657.00	215,034.00	0.00	0.00	6,217.00	1,662,751.00
32	Taxes, licenses and fees, excluding Dirigo savings offset payments and Dirigo access payments	6,363,752.00	2,218,755.00	1,280,287.00	0.00	0.00	37,013.00	9,899,807.00
33	Dirigo savings offset payments (Discontinued in 2009)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
33a	Dirigo access payments	7,955,533.00	3,109,004.00	-14,425.00	0.00	0.00	0.00	11,050,112.00
34	Charitable contributions	88,108.00	30,720.00	17,726.00	0.00	0.00	512.00	137,066.00
35	Lobbying expenses	15,623.00	11,266.00	3,321.00	0.00	0.00	0.00	30,210.00
36	All other expenses	-335,222.00	-116,877.00	-67,441.00	0.00	0.00	-1,950.00	-521,490.00
37	Total claims adjustment and administrative expenses (lines 27-36)	48,505,094.00	26,023,964.00	6,720,874.00	0.00	0.00	147,321.00	81,397,253.00
38	Net underwriting gain or (loss) (line 14 less line 25 less line 26 less line 37)	27,764,651.00	14,011,569.00	7,314,926.00	0.00	0.00	1,296,980.00	50,388,126.00

<b>Utilization Statistics</b>								
39	Hospital days (not including emergency room) - inpatient only	39,993	12,563	5,425	0	0		57,981
40	Physician encounters	762,983	272,809	106,712	0	0		1,142,504
41	Other professional encounters	642,777	173,893	54,251	0	0		870,921
42	Number of emergency room visits	36,121	12,455	4,285	0	0		52,861

form updated 3-24-2008 smh

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E-Mail:		Joanne.Lauterbach@anthem.com					

Line #		Large Group	Small Group	Individuals	Dirigo Groups	Dirigo Individuals	Stop Loss	Total
<b>PART 2: REGIONAL DATA</b>		Zip Code: 039, 040, 041						
<b>Member and Contract Information</b>								
1	Member months during year	933,664	283,296	93,676	0	0	0	1,310,636
2	Number of contracts 12/31	82	2,984	4,308	0	0	980	8,354
3	Number of subscribers covered as individuals (non-family) under group or individual contracts 12/31	19,262	8,880	2,777	0	0	559	31,478
4	Number of families covered (individual + spouse, individual + dependent, individual + family) 12/31	20,250	5,037	1,530	0	0	421	27,238
5	Number of dependents 12/31	37,981	10,981	3,092	0	0	760	52,814

<b>Revenue Information</b>								
6	Direct premiums written	382,841,224.00	101,004,488.00	25,683,128.00	0.00	0.00	1,093,230.00	510,622,070.00
7	Direct premiums earned	365,622,196.00	100,977,079.00	25,680,424.00	0.00	0.00	1,093,230.00	493,372,929.00
10	Fee-for-service	0.00	0.00	0.00	0.00	0.00		0.00
11	Risk revenue	0.00	0.00	0.00	0.00	0.00		0.00

<b>Expense Information</b>								
15	Hospital benefits (not including emergency room) - inpatient only	103,872,657.00	17,564,787.00	6,349,187.00	0.00	0.00		127,786,631.00
16	Hospital benefits (not including emergency room) - outpatient only	50,847,204.00	18,910,946.00	6,470,285.00	0.00	0.00		76,228,435.00
17	Medical benefits (excluding hospital inpatient and outpatient above)	82,698,642.00	26,073,234.00	9,884,187.00	0.00	0.00		118,656,063.00
18	Other professional services	7,074,895.00	0.00	0.00	0.00	0.00		7,074,895.00
19	Outside referrals	0.00	0.00	0.00	0.00	0.00		0.00
20	Emergency room and out-of-area	7,333,240.00	3,870,819.00	711,473.00	0.00	0.00		11,915,532.00
21	Prescription drugs	60,105,954.00	13,831,494.00	542,290.00	0.00	0.00		74,479,738.00

<b>Utilization Statistics</b>								
39	Hospital days (not including emergency room) - inpatient only	14,617	6,314	2,178	0	0		23,109
40	Physician encounters	293,108	154,523	46,055	0	0		493,686
41	Other professional encounters	284,962	100,116	26,946	0	0		412,024
42	Number of emergency room visits	12,277	5,850	1,674	0	0		19,801

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Line #		Large Group	Small Group	Individuals	Dirigo Groups	Dirigo Individuals	Stop Loss	Total
<b>PART 2: REGIONAL DATA</b>		Zip Code: 042						
<b>Member and Contract Information</b>								
1	Member months during year	150,935	70,162	14,165	0	0	0	235,262
2	Number of contracts 12/31	21	507	679	0	0	0	1,207
3	Number of subscribers covered as individuals (non-family) under group or individual contracts 12/31	4,077	2,447	454	0	0	0	6,978
4	Number of families covered (individual + spouse, individual + dependent, individual + family) 12/31	2,904	1,218	225	0	0	0	4,347
5	Number of dependents 12/31	5,489	2,428	412	0	0	0	8,329

<b>Revenue Information</b>								
6	Direct premiums written	56,878,520.00	23,959,845.00	4,149,782.00	0.00	0.00	310,517.00	85,298,664.00
7	Direct premiums earned	56,416,905.00	23,954,129.00	4,149,345.00	0.00	0.00	310,517.00	84,830,896.00
10	Fee-for-service	0.00	0.00	0.00	0.00	0.00		0.00
11	Risk revenue	0.00	0.00	0.00	0.00	0.00		0.00

<b>Expense Information</b>								
15	Hospital benefits (not including emergency room) - inpatient only	10,354,673.00	3,399,574.00	1,026,212.00	0.00	0.00		14,780,459.00
16	Hospital benefits (not including emergency room) - outpatient only	14,342,122.00	5,793,544.00	927,663.00	0.00	0.00		21,063,329.00
17	Medical benefits (excluding hospital inpatient and outpatient above)	12,119,960.00	4,912,654.00	929,010.00	0.00	0.00		17,961,624.00
18	Other professional services	0.00	0.00	0.00	0.00	0.00		0.00
19	Outside referrals	0.00	0.00	0.00	0.00	0.00		0.00
20	Emergency room and out-of-area	2,355,674.00	872,834.00	91,400.00	0.00	0.00		3,319,908.00
21	Prescription drugs	6,136,949.00	3,532,510.00	82,842.00	0.00	0.00		9,752,301.00

<b>Utilization Statistics</b>								
39	Hospital days (not including emergency room) - inpatient only	5,159	1,282	405	0	0		6,846
40	Physician encounters	98,983	35,813	6,771	0	0		141,567
41	Other professional encounters	74,787	17,514	3,428	0	0		95,729
42	Number of emergency room visits	5,269	1,630	249	0	0		7,148

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Line #		Large Group	Small Group	Individuals	Dirigo Groups	Dirigo Individuals	Stop Loss	Total
<b>PART 2: REGIONAL DATA</b>		Zip Code: 043, 045, 046, 048, 049						
<b>Member and Contract Information</b>								
1	Member months during year	336,677	156,018	83,986	0	0	0	576,681
2	Number of contracts 12/31	38	1,331	3,996	0	0	17,899	23,264
3	Number of subscribers covered as individuals (non-family) under group or individual contracts 12/31	9,512	5,426	2,539	0	0	10,241	27,718
4	Number of families covered (individual + spouse, individual + dependent, individual + family) 12/31	6,414	2,679	1,458	0	0	7,658	18,209
5	Number of dependents 12/31	11,906	5,310	2,661	0	0	13,996	33,873

<b>Revenue Information</b>								
6	Direct premiums written	172,662,757.00	57,773,161.00	23,925,130.00	0.00	0.00	963,876.00	255,324,924.00
7	Direct premiums earned	171,229,859.00	57,761,208.00	23,922,610.00	0.00	0.00	963,876.00	253,877,553.00
10	Fee-for-service	0.00	0.00	0.00	0.00	0.00		0.00
11	Risk revenue	0.00	0.00	0.00	0.00	0.00		0.00

<b>Expense Information</b>								
15	Hospital benefits (not including emergency room) - inpatient only	34,197,372.00	10,959,698.00	6,215,608.00	0.00	0.00		51,372,678.00
16	Hospital benefits (not including emergency room) - outpatient only	52,149,174.00	15,662,544.00	6,852,552.00	0.00	0.00		74,664,270.00
17	Medical benefits (excluding hospital inpatient and outpatient above)	42,921,678.00	11,950,446.00	5,867,335.00	0.00	0.00		60,739,459.00
18	Other professional services	2,424.00	0.00	735.00	0.00	0.00		3,159.00
19	Outside referrals	0.00	0.00	0.00	0.00	0.00		0.00
20	Emergency room and out-of-area	7,151,577.00	1,956,064.00	652,792.00	0.00	0.00		9,760,433.00
21	Prescription drugs	32,749,189.00	7,674,412.00	375,762.00	0.00	0.00		40,799,363.00

<b>Utilization Statistics</b>								
39	Hospital days (not including emergency room) - inpatient only	10,305	2,965	1,961	0	0		15,231
40	Physician encounters	226,567	42,534	41,059	0	0		310,160
41	Other professional encounters	167,933	34,980	17,144	0	0		220,057
42	Number of emergency room visits	12,221	3,583	1,841	0	0		17,645

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<b>PART 2: REGIONAL DATA</b>		Zip Code: 044						
<b>Member and Contract Information</b>								
1	Member months during year	166,428	45,978	20,354	0	0	0	232,760
2	Number of contracts 12/31	29	359	998	0	0	5,249	6,635
3	Number of subscribers covered as individuals (non-family) under group or individual contracts 12/31	4,461	1,731	671	0	0	2,202	9,065
4	Number of families covered (individual + spouse, individual + dependent, individual + family) 12/31	3,231	747	327	0	0	3,047	7,352
5	Number of dependents 12/31	6,081	1,466	662	0	0	5,733	13,942
<b>Revenue Information</b>								
6	Direct premiums written	57,479,782.00	17,702,895.00	5,808,839.00	0.00	0.00	311,359.00	81,302,875.00
7	Direct premiums earned	57,016,915.00	17,698,824.00	5,808,227.00	0.00	0.00	311,359.00	80,835,325.00
10	Fee-for-service	0.00	0.00	0.00	0.00	0.00		0.00
11	Risk revenue	0.00	0.00	0.00	0.00	0.00		0.00
<b>Expense Information</b>								
15	Hospital benefits (not including emergency room) - inpatient only	10,925,455.00	3,455,586.00	2,046,388.00	0.00	0.00		16,427,429.00
16	Hospital benefits (not including emergency room) - outpatient only	16,666,427.00	4,800,343.00	1,795,042.00	0.00	0.00		23,261,812.00
17	Medical benefits (excluding hospital inpatient and outpatient above)	12,154,096.00	2,974,559.00	1,250,230.00	0.00	0.00		16,378,885.00
18	Other professional services	0.00	0.00	0.00	0.00	0.00		0.00
19	Outside referrals	0.00	0.00	0.00	0.00	0.00		0.00
20	Emergency room and out-of-area	2,496,652.00	935,096.00	249,975.00	0.00	0.00		3,681,723.00
21	Prescription drugs	6,822,463.00	2,485,070.00	110,937.00	0.00	0.00		9,418,470.00
<b>Utilization Statistics</b>								
39	Hospital days (not including emergency room) - inpatient only	6,790	1,312	586	0	0		8,688
40	Physician encounters	98,551	25,430	9,203	0	0		133,184
41	Other professional encounters	77,343	13,859	5,035	0	0		96,237
42	Number of emergency room visits	3,764	790	335	0	0		4,889

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Line #		Large Group	Small Group	Individuals	Dirigo Groups	Dirigo Individuals	Stop Loss	Total
<b>PART 2: REGIONAL DATA</b>		Zip Code: 047						
<b>Member and Contract Information</b>								
1	Member months during year	70,507	27,658	8,530	0	0	0	106,695
2	Number of contracts 12/31	8	189	425	0	0	0	622
3	Number of subscribers covered as individuals (non-family) under group or individual contracts 12/31	2,175	1,096	301	0	0	0	3,572
4	Number of families covered (individual + spouse, individual + dependent, individual + family) 12/31	1,288	446	124	0	0	0	1,858
5	Number of dependents 12/31	2,466	873	270	0	0	0	3,609

<b>Revenue Information</b>								
6	Direct premiums written	23,880,161.00	10,544,583.00	2,527,976.00	0.00	0.00	128,898.00	37,081,618.00
7	Direct premiums earned	23,688,541.00	10,541,965.00	2,527,710.00	0.00	0.00	128,898.00	36,887,114.00
10	Fee-for-service	0.00	0.00	0.00	0.00	0.00		0.00
11	Risk revenue	0.00	0.00	0.00	0.00	0.00		0.00

<b>Expense Information</b>								
15	Hospital benefits (not including emergency room) - inpatient only	4,995,813.00	2,273,425.00	488,864.00	0.00	0.00		7,758,102.00
16	Hospital benefits (not including emergency room) - outpatient only	8,027,884.00	3,174,604.00	910,884.00	0.00	0.00		12,113,372.00
17	Medical benefits (excluding hospital inpatient and outpatient above)	4,676,559.00	2,099,473.00	414,010.00	0.00	0.00		7,190,042.00
18	Other professional services	0.00	0.00	0.00	0.00	0.00		0.00
19	Outside referrals	0.00	0.00	0.00	0.00	0.00		0.00
20	Emergency room and out-of-area	1,547,226.00	527,527.00	98,730.00	0.00	0.00		2,173,483.00
21	Prescription drugs	2,978,712.00	1,206,429.00	55,819.00	0.00	0.00		4,240,960.00

<b>Utilization Statistics</b>								
39	Hospital days (not including emergency room) - inpatient only	3,122	690	295	0	0		4,107
40	Physician encounters	45,774	14,509	3,624	0	0		63,907
41	Other professional encounters	37,752	7,424	1,698	0	0		46,874
42	Number of emergency room visits	2,590	602	186	0	0		3,378

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041

Line #	PART 3: ALLOCATION METHOD	Allocation By Region			Allocation by Category of Policyholder		
		Actual	Allocated	Combination	Actual	Allocated	Combination
<b>Revenue Information</b>							
6	Direct premiums written			x			x
7	Direct premiums earned			x			x
8	Net premium income						x
9	Change in earned premium reserves and reserve for rate credits						x
10	Fee-for-service						
11	Risk revenue						
13	Aggregate write-ins for other health care related revenues						

<b>Expense Information</b>							
15	Hospital benefits (not including emergency room) - inpatient only			x			x
16	Hospital benefits (not including emergency room) - outpatient only			x			x
17	Medical benefits (excluding hospital inpatient and outpatient above)			x			x
18	Other professional services			x			x
19	Outside referrals						x
20	Emergency room and out-of-area			x			x
21	Prescription drugs			x			x
22	Aggregate write-ins for other medical and hospital						
23	Incentive pool and withhold adjustments and bonus amounts						
24	Net reinsurance recoveries						
26	Increase in reserves						
27	Cost containment expenses						x
28	Other claims adjustment expenses						x
29	Salaries, wages and other benefits excluding cost containment expenses and other claims adjustment expenses						x
30	Commissions				x		
31	Marketing and advertising						x
32	Taxes, licenses and fees, excluding Dirigo savings offset payments and Dirigo access payments						x
33	Dirigo savings offset payments						
33a	Dirigo access payments				x		
34	Charitable contributions						x
35	Lobbying expenses				x		
36	All other expenses						x

# Comments

## Allocation By Region Comments

## Allocation By Category Comments

### Revenue Information

6	Direct premiums written	Approximately 99% actual with allocations for accounting and other miscellaneous adjustments.	Approximately 99% actual with allocations for accounting and other miscellaneous adjustments
7	Direct premiums earned	Approximately 99% actual with allocations for accounting and other miscellaneous adjustments	Approximately 99% actual with allocations for accounting and other miscellaneous adjustments
8	Net premium income		
9	Change in unearned premium reserves and reserve for rate credits		Allocated based on group experience.
10	Fee-for-service		
11	Risk revenue		
13	Aggregate write-ins for other health care related revenues		

### Expense Information

15	Hospital benefits (not including emergency room) - inpatient only	Actual claims expense plus allocation of Incurred but not Reported claims and miscellaneous entries.	Actual claims expense plus allocation of Incurred but not Reported claims and miscellaneous entries.
16	Hospital benefits (not including emergency room) - outpatient only	Actual claims expense plus allocation of Incurred but not Reported claims and miscellaneous entries.	Actual claims expense plus allocation of Incurred but not Reported claims and miscellaneous entries.
17	Medical benefits (excluding hospital inpatient and outpatient above)	Actual claims expense plus allocation of Incurred but not Reported claims and miscellaneous entries.	Actual claims expense plus allocation of Incurred but not Reported claims and miscellaneous entries.
18	Other professional services	Actual claims expense plus allocation of Incurred but not Reported claims and miscellaneous entries.	Actual claims expense plus allocation of Incurred but not Reported claims and miscellaneous entries.
19	Outside referrals		
20	Emergency room and out-of-area	Actual claims expense plus allocation of Incurred but not Reported claims and miscellaneous entries.	Actual claims expense plus allocation of Incurred but not Reported claims and miscellaneous entries.
21	Prescription drugs	Actual claims expense plus allocation of Incurred but not Reported claims and miscellaneous entries.	Actual claims expense plus allocation of Incurred but not Reported claims and miscellaneous entries.
22	Aggregate write-ins for other medical and hospital		
23	Incentive pool and withhold adjustments and bonus amounts		
24	Net reinsurance recoveries		
26	Increase in reserves		
27	Cost containment expenses		Allocated based on proportionate share of Line of Business cost allocations.
28	Other claims adjustment expenses		Allocated based on proportionate share of Line of Business cost allocations.
29	Salaries, wages and other benefits excluding cost containment expenses and other claims adjustment expenses		Allocated based on proportionate share of Line of Business cost allocations.
30	Commissions		
31	Marketing and advertising		Allocated based on proportionate share of Line of Business cost allocations.
32	Taxes, licenses, and fees, excluding Dirigo savings offset payments and Dirigo access payments		Premium taxes are actual; other charges are allocated based on proportionate share of Line of Business cost allocations.
33	Dirigo savings offset payments		
33a	Dirigo access payments		
34	Charitable contributions		Allocated based on proportionate share of Line of Business cost allocations.
35	Lobbying expenses		
36	All other expenses		Allocated based on proportionate share of Line of Business cost allocations.